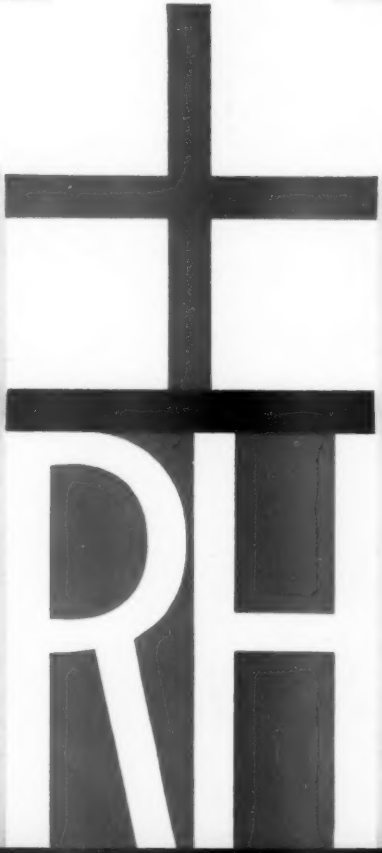
RN

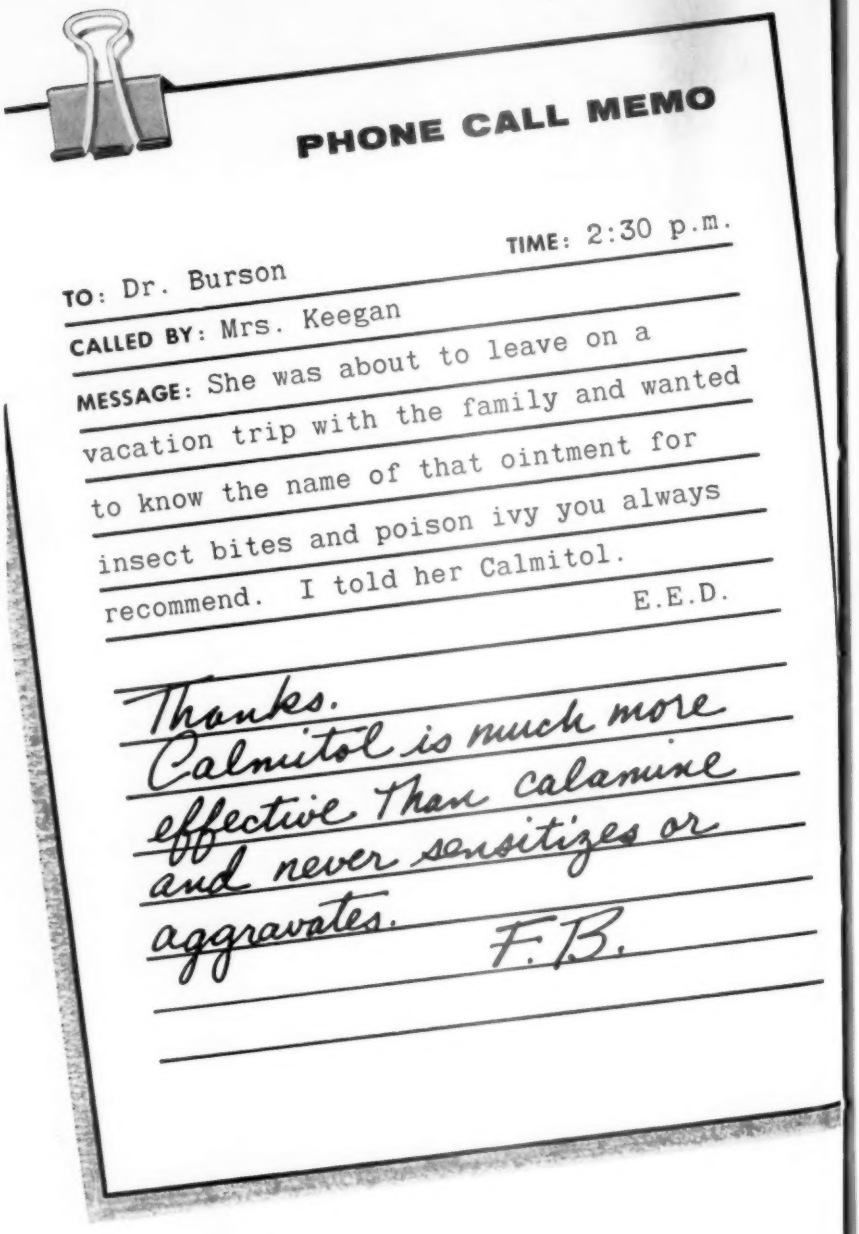
AUGUST 1958

EMERGENCY TECHNIQUE FOR RH BABIES



'I Work In a Headache Clinic'

How to Help the Unwed Mother



*Calmitol is the non-sensitizing antipruritic supplied as Ointment in 1½-oz. tubes and 1-lb. jars, and as Liquid, for more stubborn pruritus, in 2-oz. bottles by Thos. Leeming & Co., Inc., New York 17, N.Y. *Write for samples.*

RN contents

VOLUME 21 • NO. 8 • AUGUST 1958

 Published monthly at Oradell, N. J. Price 25 cents a copy, $2 a year (Canada and foreign, $3). Circulation 160,000 registered nurses. Entered as second-class matter, Nov. 20, 1951, at the Post Office at Rutherford, N. J., under the act of March 3, 1879. Please send subscription orders and changes of address to P.O. Box 279, Rutherford, N. J. Send all editorial and business correspondence to *RN*, Oradell, N. J.

MORE ►

During your day, when every moment is important, TUBEX cuts your workload. It provides more time for other important patient-care needs. TUBEX is ready in seconds. It assures accurate dosage, aseptic conditions, and minimizes pain on injection—always a new sharp needle. TUBEX is prefilled and ready to inject, unlike the disposable syringes, many of which must be filled by hand. The use of TUBEX reduces the chance of medication error, the risk of serum hepatitis, and the possibility of malpractice liability. Of particular interest, too, approximately 75% of all injectables used are now in the growing TUBEX line.

Consult your Wyeth Territory Manager. He can show you how the majority of your injections can be made with TUBEX.

Wyeth
Philadelphia 1, Pa.

TUBEX . . . your largest line of closed-system medications

CLOSED-SYSTEM INJECTION

TUBEX®

—the modern injection technique

DEPARTMENTS and SHORT FEATURES

THE FIRST PLASTIC NURSER TO AUTOCLAVE SAFELY AT 250° F.

*We challenge you to test the new Davol Feed-Rite Nurser

Scores of hospitals have tested them, and are amazed at the durability of the Feed-Rite Nurser—made from amazing Marlex #50 rigid polyethylene.

SAFETY—Feed-Rite Nursers are unbreakable, non-allergen resist bacteria, will not warp or distort even under ste pressure up to 250°F. Will not absorb odors or stai Smooth inside surface washes easily.

PROTECTION—Independent laboratory tests† prove Fee Rite plastic nipple covers a most effective cover for termin sterilization of formula—offer complete sterile protecti of nipple and formula from airborne contamination.

ECONOMY—Bottle, collar, and nipple cover of Marlex # plastic withstand repeated sterilization, can last for month No breakage means fewer replacements, less possibility accidents and clean-ups.

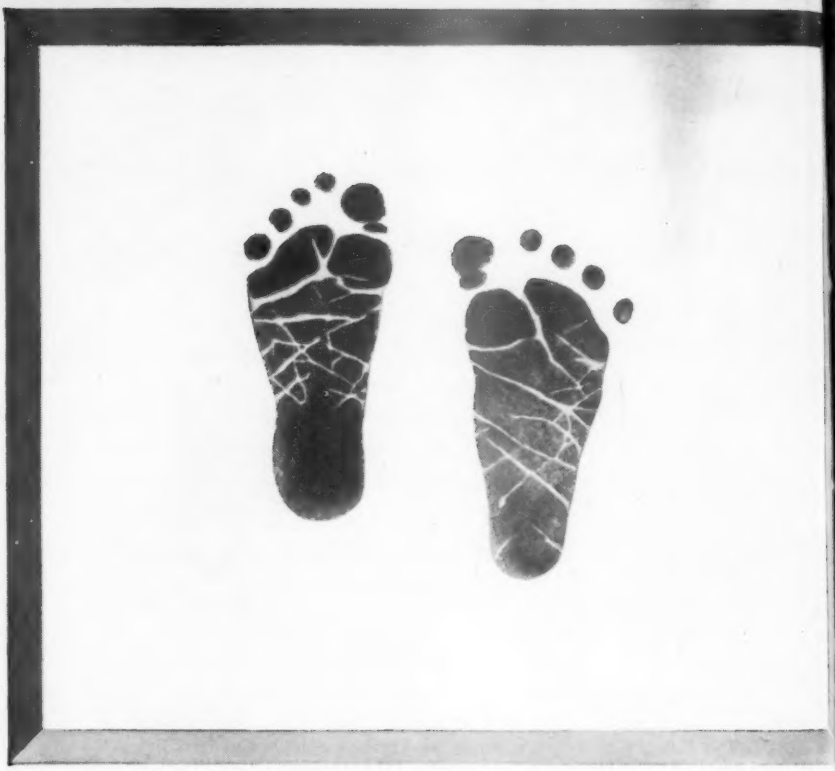
***FREE:** A test supply of 4 oz. Feed-Rite Nursers with nipple covers w be sent to Nursery Supervisors or Hospital Administrators on reque Write to: Davol Rubber Company, Providence 2, R. I. (on institut stationery), or contact your hospital supply dealer.

† Reports of laboratory tests retained in files of Davol Rubber Company

AUGUST 1958

RN

PICTURE CREDITS: Cover, Kenneth Munowitz • 19, Wide World • 35-39, Jules Schick • 40-45, Eron & Eron • 46-47, Clay-Adams Company • 49, Naiad Einsel • 53, Ewing Galloway • 57, Lloyd P. Birmingham • 58, Hal Anderson • 64, Herman Seid • 66, David Stone • 75, Tom Bensinger.



Two to grow on...

PABLUM Cereals are the original pre-cooked cereals for babies. Vitamin and iron enriched. Pablum Mixed Cereal, Rice Cereal, Barley Cereal, High Protein Cereal, Oatmeal . . . *the* baby cereals made to pharmaceutical standards – especially processed for extra smoothness and lasting freshness.

BiB Juices are the newest addition to the Pablum Products family. The *first* medically accepted orange juice for babies is branded BiB. All five BiB Juices are processed to meet babies' special needs – Orange, Orange-Apricot, Prune-Orange, Pineapple with Acerola, and Apple with Acerola.

You can specify Pablum Products with confidence . . .

Mead Johnson
Symbol of service in medicine

Susceptibility factors play an important part in the occurrence and spread of athlete's foot. With the advent of warm weather, individuals who have had the disease are prone to exhibit recurrences or reinfection. Frequently, this can be prevented by the continuous prophylactic use of Desenex preparations.

Desenex®
OINTMENT — POWDER
SOLUTION

fast relief from itching

prompt antimycotic action

continuing prophylaxis

NIGHT and DAY treatment

AT NIGHT — Desenex Ointment (zincundecate) 1 oz. tubes. —

DURING THE DAY — Desenex Powder (zincundecate) — 1½ oz. container.

ALSO — Desenex Solution (undecylenic acid) — 2 fl. oz. bottles.

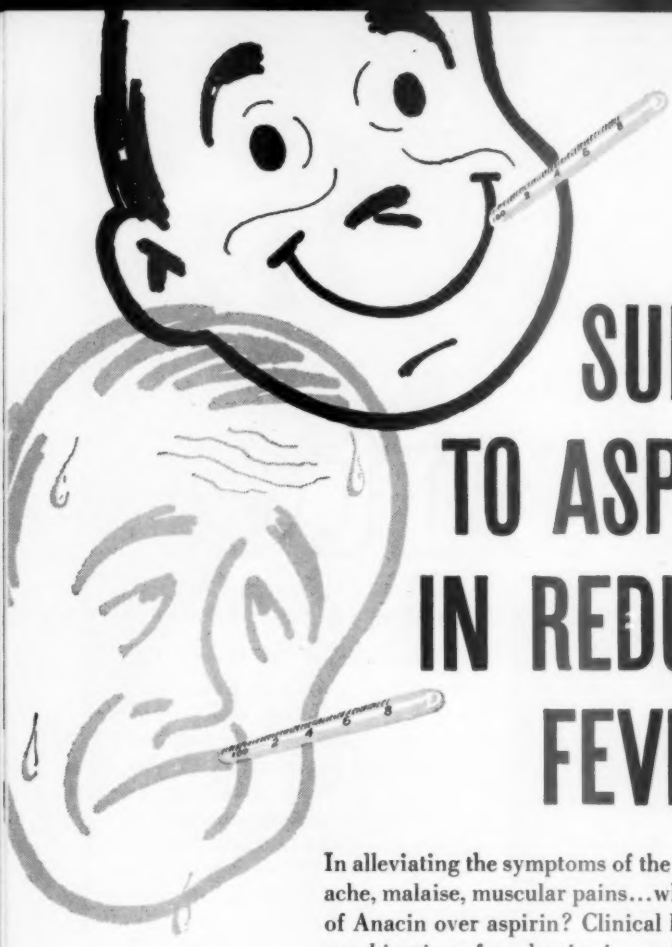
In otomycosis — Desenex Solution or Ointment.

Write for samples.

Maltbie

MALTBIE LABORATORIES DIVISION • WALLACE & TIERNAN, INC. • Belleville 9, N. J.

PD-75



SUPERIOR TO ASPIRIN IN REDUCING FEVER

In alleviating the symptoms of the common cold...fever, he ache, malaise, muscular pains...why not weigh the advanta of Anacin over aspirin? Clinical literature has verified tha *combination* of analgesics in small doses appears to be m effective in relieving pain than either drug alone in its analgetic dose.[1,2,3] Anacin is such a combination. Further vestigation has substantiated that one of the ingredients Anacin (acetophenetidin) is superior to aspirin in reduci fever...aspirin having only 60% of the antipyretic action acetophenetidin.[4] Well tolerated. Frequent doses of Ana may be administered without gastric upset.

ANACIN®

WHITEHALL LABORATORIES, NEW YORK 16, N. Y.

References: (1) Goodman, Louis S. and Gilman, Alfred: The Pharmacolo Basis of Therapeutics, sec. ed., 1955. (2) Krantz and Carr: Pharmacologic P ciples of Medical Practice, 1954. (3) Hammes, E. M., Jr.: Pain Relieving D J.-Lancet 79:67, Feb., 1952. (4) Brownlee, George: A Comparison of the pyretic Activity and Toxicity of Phenacetin and Aspirin, Quarterly J. of P macy and Pharmacology 10:609-620, 1937.

RN letters

INEQUALITIES IN PAY

DEAR EDITOR: I can't resist adding my 2 cents' worth to your recent article, "Why Nurses Don't Stay Put."

Rarely do two hospitals in the same city have identical pay scales. So, sooner or later, nurses working at the lower rate wake up and discover they can do the same work just a block or two away at a higher wage.

Then comes another jolt: They find that jobs in industry pay even more.

All nurses, myself included, consider the patient first, remuneration second. Yet it's about time that nursing idealists mixed some practical thoughts with their idealism.

Nurses are people, too. They need food, clothing, shelter, and recreation, like other workers. And, like others, they too pay high taxes. So let's have a more equitable salary scale!

Doris Schwanke, R.N.
Irvington, N.J.

TWO-YEAR GRADUATES

DEAR EDITOR: I was glad that your article on the two-year training program put the emphasis on bedside nursing. I also like the idea of affiliation with a college or university. And I hope that soon more states will license the two-year graduate.

Bertha Wellington, R.N.
Rochester, Minn.

DEAR EDITOR: By establishing a shorter training course, our so-called leaders are putting nursing back seventy-five years. If the two-year course becomes popular, the academic level of our profession will fall so low that any career-minded young woman with an ounce of brains will stay away from it.

R.N., Michigan

'BACK TO THE BEDSIDE'

DEAR EDITOR: It's true, as your June article points out, that many nurses want to get back to bedside nursing. But I don't see in this a wish to escape other responsibilities. Most nurses, I believe, really miss contact with patients when they don't have it.

Many of the R.N.'s clerical duties can and should be delegated to a ward clerk or secretary. At our hospital, secretaries are assigned to all medical and surgical units. After proper orientation, they become invaluable. The R.N., no longer tied to her desk, can visit patients more frequently, assist in supervi-

sion, and help in planning conferences. The result has been most gratifying.

E. Mae Davis, R.N.
Manchester, N. H.

FOREIGN EDITIONS?

DEAR EDITOR: *RN* is both an important magazine and an invaluable friend. I hope that some day it can be published in various languages. Then nurses in other countries will be able to benefit from its constructive ideas and its brilliant scientific articles.

Francisco A. Gomez, R.N.
Chicago, Ill.

'CARE FOR A MERGER?'

DEAR EDITOR: The status of the R.N. would be immeasurably enhanced if the nursing profession were taken under the wing of the American Medical Association.

As a recognized branch of the A.M.A., we would have greater prestige than we now have as hirelings of hospitals, industry, public health agencies, and so on.

Such prestige would make nursing more attractive to career-minded women (and men). It would give added meaning to years of study and service. Few nurses, I believe, would leave their profession if its status were thus improved.

Under A.M.A. guidance, nursing education would produce truly professional individuals, duly recognized and employed as such. And we'd be spared the humiliation of being placed in competition with practical nurses—since such competition would obviously be eliminated by our more sharply defined professional status.

How do we proceed to unite doctors and nurses in a single organization?

Dora Missler, R.N.
Maplewood, Mo.

SHOCKING, BUT . . .

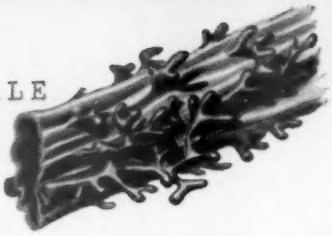
DEAR EDITOR: That recent article in the Ladies' Home Journal, about cruelty in maternity wards, is a most discouraging indictment of professional nurses. Yet my own experience won't allow me to pooh-pooh it as lay hysteria.

I've had three children born in three different parts of the country in the last six years, and I've observed many of the practices the article mentions.

Outright cruelty and sadism? No. But I *did* experience the "assembly-line" feeling, the loneliness and fear in being left alone for many hours, the brusque treatment, the careless technique.

Worst of all, many nurses treated me as though I were an inanimate object. They offered no friendly comment—just a crisp "Turn over!" or "Put your legs down!" Even a simple "Please" seemed to be too much effort.

Another thing that shocked me

THE FEMALE  URETHRA

bacterial urethritis

The female urethra, surrounded by a tortuous network of periurethral glands, is highly susceptible to localized infection . . . a frequent source of pelvic distress.[1,2]

FURACIN®

BRAND OF NITROFURAZONE

urethral suppositories

are antibacterial . . . anesthetic . . . gently dilating . . . provide rapid control of both pain and infection.[3]

Each Suppository contains Furacin 0.2% and diperodon•HCl 2%, in a water-dispersible base. Hermetically sealed in silver foil, box of 12.

1. Wharton, L. R. in Campbell, M.: Urology, Philadelphia and London, W. B. Saunders Company, 1954, vol. 2, p. 1390 et seq.
2. Barrett, M. E.: J. M. Ass. Alabama 26:144, 1956. 3. Youngblood, V. H.: J. Urol., Balt., 70:926, 1953.

postmenopausal urethritis

After the menopause, estrogen deficiency leads to atrophy of the urethral mucosa with increased susceptibility to infection . . . a frequent source of pelvic distress.[4]

FURESTROL™

suppositories

are estrogenic as well as antibacterial, anesthetic, and gently dilating . . . provide "progressive histologic normalization" as well as prompt symptomatic relief.[5]

Each Suppository contains Furacin 0.2%, diperodon•HCl 2%, and diethylstilbestrol 0.0077% (0.1 mg.), in a water-dispersible base. Hermetically sealed in orchid foil, box of 12.

4. Youngblood, V. H.; Tomlin, E. M.; Williams, J. O. and Kimmelstiel, P.: Tr. Southeast. Sect. Am. Urol. Ass. (to be published).
5. Youngblood, V. H.; Tomlin, E. M.; and Davis, J. B.: J. Urol., Balt., 78:150, 1957.

NITROFURANS — a unique class of antimicrobials — products of Eaton research.
EATON LABORATORIES, NORWICH, NEW YORK

was the carelessness of many nurses in draping and screening patients during treatments and examinations.

True, I did encounter some kind nurses. But my memories of the majority are not happy ones.

So perhaps the Journal's article is not too far-fetched. If only a tenth of its charges are true, we nurses have a grave obligation to change things.

R.N., Pennsylvania

HOW MUCH SOCIALIZATION?

DEAR EDITOR: During the recent A.N.A. biennial convention, this editorial comment appeared in the Atlantic City Press:

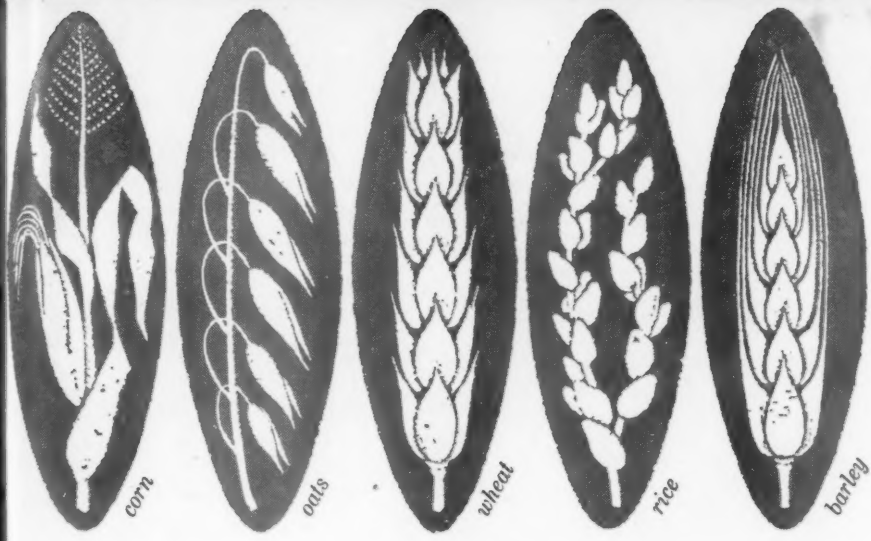
"Physicians, unalterably opposed to any form of 'socialized medicine,' have consistently taken a dim view of proposals for government health programs. They have carefully refrained from seeking funds to help support medical education programs lest they provide the opening wedge.

"Nurses, on the other hand, have shown no reluctance to invite government aid . . . A convention leader publicly urged Congress to provide funds for advanced educational programs in nursing administration, supervision and instruction, as well as for research."

I'd like to hear, through *RN*, how nurses feel about this charge that they're putty in the hand of socializers.

R.N., New Jersey

END



the calories in the cereal and milk serving are well balanced and low in fat

In the light of the modern trend toward less fat in the diet and for quick and lasting energy foods, the calories in the cereal and milk serving merit consideration. Both the cereal and the milk contribute well-balanced nourishment.

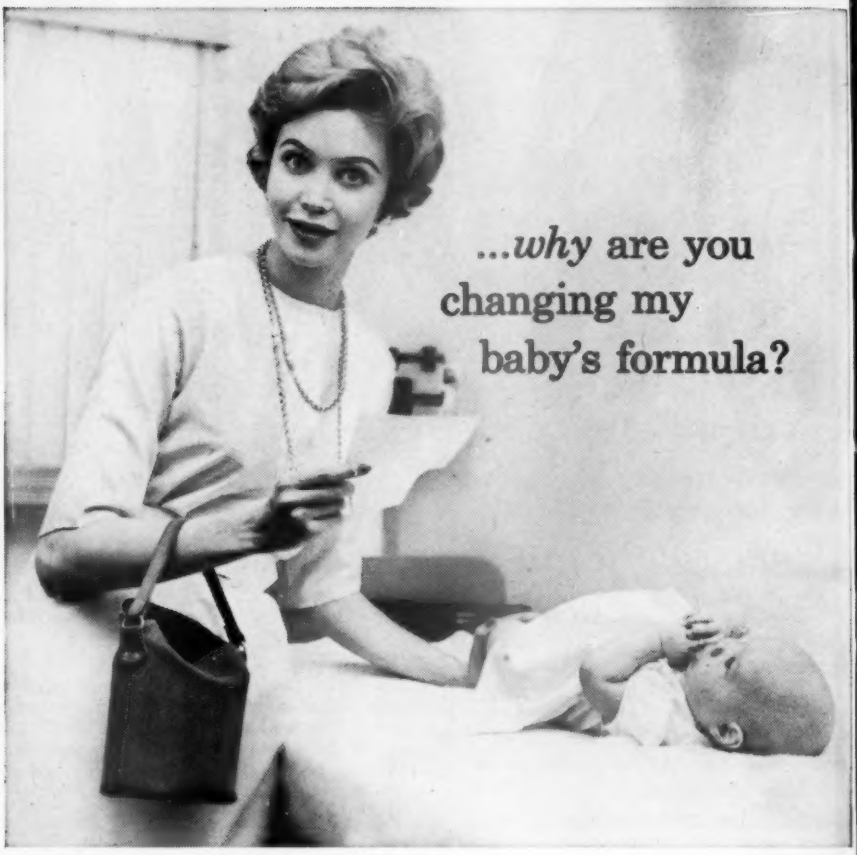
This serving provides quick and lasting energy, is *low in fat*, and is a good source of many nutrients as shown in the table below. It furnishes about 10 per cent of the daily needs of protein, important B vitamins, and essential minerals. Served with nonfat milk, the fat content is very low.*

nutritive composition of average cereal serving

	Cereal, 1 oz. Whole Milk, 4 oz. Sugar, 1 teaspoon	Cereal** 1 oz.	Whole Milk 4 oz.	Sugar 1 teaspoon
CALORIES	203	104	83	16
PROTEIN	7.3 gm.	3.1 gm.	4.2 gm.	
FAT	5.3 gm.	0.6 gm.	4.7 gm.*	
CARBOHYDRATE	32.2 gm.	22 gm.	6.0 gm.	4.2 gm.
CALCIUM	0.169 gm.	0.025 gm.	0.144 gm.	
IRON	1.5 mg.	1.4 mg.	0.1 mg.	
VITAMIN A	195 I. U.	—	195 I. U.	
THIAMINE	0.16 mg.	0.12 mg.	0.04 mg.	
RIBOFLAVIN	0.25 mg.	0.04 mg.	0.21 mg.	
NIACIN	1.4 mg.	1.3 mg.	0.1 mg.	
ASCORBIC ACID	1.5 mg.	—	1.5 mg.	
CHOLESTEROL	16.4 mg.	0	16.4 mg.*	

*Nonfat (skim) milk, 4 oz., reduces the Fat value to 0.1 gm. and the Cholesterol value to 0.35 mg.
**Based on composite average of breakfast cereals on dry weight basis.

Bowes, A. deP., and Church, C. F.: Food Values of Portions Commonly Used. 8th ed. Philadelphia: A. deP. Bowes, 1956.
Cereal Institute, Inc.: The Nutritional Contribution of Breakfast Cereals. Chicago: Cereal Institute, Inc., 1956.
Hayes, O. B., and Rose, G. K.: Supplementary Food Composition Table. J. Am. Dietet. A. 33:26, 1957.



There is no single, ideal formula for all babies – or for *any* one baby throughout the entire formula period.

An unchanging, ready-made formula has serious disadvantages. Such formulas can only be made weaker or stronger – the *balance* of ingredients cannot be changed to meet an infant's changing nutritional needs.

With evaporated milk, the doctor *prescribes* the formula best for the baby, and changes it as he grows. Each infant has the advantage of his own, individual *prescription* formula.

Carnation

"FROM CONTENTED COWS"

Optimum prescription-quality in today's trend to the individualized formula.

No diaper rash

because *you* recommend

White's Vitamin A & D Ointment

for use

at every change

White's Vitamin A and D Ointment

soothes • heals • protects

Equally effective in burns, indolent ulcers, slow-healing wounds and detergent dermatitis.

SUPPLIED: 1½ and 4 oz. tubes, 1 lb. jars and 5 lb. containers.

WHITE LABORATORIES, INC., Kenilworth, N. J.

RN news

Routine TPRs Halted
Sticking a thermometer into the patient's mouth twice daily is an obsolete practice, the Veterans Administration believes. So, too, it says, is the routine taking of pulse and respiration rates.

As a result, the only TPRs now done on V.A. patients are those ordered in writing by staff doctors.

Baby's Polio Shot can be given safely at 2 months, simultaneously, but in different sites, with his first D.P.T. (diphtheria, pertussis, tetanus) injection, says Dr. Thomas M. Rivers of the National Foundation for Infantile Paralysis. He recommends that the second Salk shot, along with the second D.P.T. shot, be given at 3 months, the third polio shot at 10 months.

Do Mothers-to-Be Want to Be?
How many expectant mothers wish they weren't? A Boston Lying-in Hospital study indicates that 85 per cent regret their pregnancy at first but change their minds by the end of the third month.

Dr. Gerald Caplan of Harvard's School of Public Health says this finding debunks the "widespread myth" that rejection of impending motherhood is a threat to the mother-child relationship. The rejection, he explains, springs from a desire to escape pregnancy's discomforts. "It is not rejection of the baby."

It's All Done With Air
This pneumatic splint, demonstrated in Munich, Germany, supports a broken leg while the patient

is being taken to the hospital. A wooden frame immobilizes the leg, which rests on inflated air chambers. The splint does not show on X-ray film. It sells for about $8.

Open-Heart Surgery has been performed on 400 children at the University of Minnesota, with no expense to the parents. The Chil-

dren's Bureau directs this free cardiac program and the Federal Government picks up the tab.

Women Go to Doctors oftener than men, a Public Health Survice survey shows. The average woman sees her physician 5.5 times a year; the average man, 3.9 times.

Doctors Seek Cause Of Lung Disease

A puzzling lung ailment is reported by Dr. Samuel H. Rosen of the Armed Forces Institute of Pathology. Called pulmonary alveolar proteinosis, the disease was first seen in Massachusetts in 1953 and has since cropped up throughout the U.S. and in Canada, England, and Italy. Its symptoms: shortness of breath, cough, fatigue, weight loss.

Corticoids and antibiotics don't seem to touch the condition; and Dr. Rosen doubts that it's caused by a virus, bacterium, or parasite. Instead, he suspects harmful inhalations from insecticides, detergents, plastics, drugs, or other chemical compounds.

Mitral Defect Found With Catheter

It's often hard to discover mitral insufficiency since the symptoms may be masked by those of mitral stenosis. Yet if both heart defects exist,

both should be diagnosed before surgery, because a stenosis operation can be complicated considerably by an undetected insufficient (leaking) valve.

To find out whether or not there is mitral insufficiency, National Heart Institute doctors thread a catheter from the mouth through the throat and windpipe into the left atrium of the heart. Then they attach the mouth end of the catheter to a pressure-recording device and raise the patient's arterial blood pressure by injecting norepinephrine.

A steep rise in atrial pressure is considered a sign of mitral insufficiency. Why? Because a tightly closing valve would keep gross changes in arterial pressure from reaching the atrium.

A.M.A. Meeting Takes Up New Drugs, Techniques

Many reports on medical treatment and care were made and demonstrations of research tools and diagnostic procedures given at the meeting of the American Medical Association in June in San Francisco. Some of them follow:

Hypnosis—New Aid to the Heart Surgeon?

A hypnotized 14-year-old girl, temporarily awakened during heart surgery, responded to instructions

and enabled her physician to check on possible brain damage while her blood was being mechanically pumped.

The anesthesiologist, Dr. Milton Marmer of California, reports that less anesthetic was required because hypnosis was used, the patient had no postoperative nausea, and she recovered from the operation without ill effect.

Researcher Calls Virus Likely Cancer Cause

It's time to assume that most cancer is traceable to virus and to do research along those lines, says Dr. Wendell M. Stanley of the University of California at Berkeley, winner of the Nobel Prize in chemistry in 1956.

The theory that viruses are infectious agents and therefore not responsible for presumably noninfectious human cancer doesn't stand up, he says.

His reason: The viruses that cause tumors in animals may be alternately infectious or noninfectious depending on the quantity that is present.

New Drug Helps Circulation, Relieves Leg Cramps

A drug claimed to be useful in the treatment of angina cruris, a progressive circulatory disease affecting elderly people and those who spend a lot of time on their feet—e.g., postmen, policemen, factory workers—is reported by Drs. Saul S. Samuels and Herbert E. Shaftel

of New York's Stuyvesant Polyclinic.

In patients tested, they observed that the drug, Cartrax, increased flow through degenerated blood vessels of arms and legs by about 45 per cent in eight weeks, and was effective in relieving disabling symptoms and cramplike pains.

They feel that the success of the medication is due partly to its potent antihistamine action, which has a tendency to prevent the contraction of arteries by body histamine.

Two Treatments for Acne: Local and Internal

Acne sufferers may have a choice of local or internal remedies—both proved helpful in tests lasting over several years.

For local use: a soaplike paste containing abrasive agents to keep oil follicles open and unplugged. Dr. Rose B. Saperstein, a California dermatologist, has been prescribing daily "washings" with the compound to 1,000 patients over a period of ten years. She finds that most of them "improve appreciably" after six weeks and outgrow the acne with little or no scarring.

For internal use: an antibiotic, tetracycline, does not cure acne but controls pustules in many cases and substantially reduces scarring. Two Texas dermatologists, Drs. M. Allen Forbes Jr. and William C. King, tested 485 patients with this oral drug for four years, found it effect-

ive after repeated dosage and without serious side effects.

Survey Shows Sharp Drop In Breast-Feeding

Is there a trend away from the breast-feeding of infants?

According to a 1956 survey, in 1,904 hospitals the percentage of bottle-fed newborns had risen sharply in ten years.

But Dr. Herman F. Meyer of Children's Memorial Hospital in Chicago believes only future studies will tell whether this is a "temporary inclination."

Dr. Meyer reports that in the 1956 survey it was found that the ratio of infants fed by bottle alone to those fed by breast alone was three to one. In the survey made ten years earlier, he states, figures for bottle-fed and breast-fed newborns were almost equal.

Diagnostic Instrument Looks Into Human Eye

Eye disease invisible to customary detection instruments can now be diagnosed by a sonar device developed by Ophthalmologist Dr. Gilbert Baum and Physicist Ivan Greenwood of New York State.

An ultrasonic transmitter scans the eye, bouncing high-frequency sound waves off obstructions. The echoes are picked up by a microphone and pictured on a radar screen.

With the new technique doctors can now "see": a detached retina in an eye made opaque to light by

hemorrhage; tumors in any part of the eye or the orbit, even when concealed by a cataract; certain foreign bodies invisible to X-ray.

New Treatment Found to Help Diabetics

A new oral drug for diabetes looks "promising" if researchers can lick the problem of gastrointestinal side reactions. Dr. Leo P. Krall of Boston found that about two-thirds of a random cross-sectional group of 1,000 patients (including those under age 20) responded to the medicine.

Called DBI for short, the experimental drug is formamidinyliminourea. It is not related to sulfonylurea tolbutamide, an already marketed oral agent for lowering the blood sugar level.

Dr. Krall reports that about seventy of his patients have been using DBI for a year with no apparent toxic effects.

Ultrasonic Waves beamed at a nerve complex deep in the brain have reduced tremors and rigidity in twelve patients with parkinsonism and similar disorders. So says a research report issued jointly by the Universities of Illinois and Iowa.

Membership Dues of the American Nurses Association are to be raised, effective Jan. 1, 1959, from $5 to $7.50 a year, "to expand A.N.A. programs and services requested by members." END

literature and samples

NEW TAMPON: An exclusive prelubricated tip is a feature of Pursettes Tampons; eliminates need for cardboard applicator. High absorbency and comfort are combined in a smaller tampon; four are packed in a convenient purse-size package plus informative material, for professional trial. CAMPANA SALES COMPANY. **J-1**

COMPRESSOR-ASPIRATOR: The new Air-Shields Dia-Pump provides regulated suction or compressed air wherever required. Rugged, quiet, it has been run continuously for an entire year without failure of any part. Literature is available. AIR-SHIELDS, INC. **J-2**

DESSERT: Junket Rennet Powder makes fresh milk into rennet-custards; seven flavors. Informative material, including recipes, sent with a sample. CHR. HANSEN'S LAB. INC. **J-3**

HOSPITAL SUPPLIES: Packs, bandages, pads, adhesives, masks, and caps —these and other hospital necessities are described and priced in an eight-page folder issued by SEAMLESS RUBBER CO. **J-4**

DISPOSABLE CAPS FOR NURSES: Stop being a laundress. Discard soiled caps and replace with fresh new ones. White Feather Disposable Caps are made of fine grade all-linen paper. Descriptive literature. R. J. S. CORPORATION. **J-5**

INVESTMENTS: Most people find it easier to earn money than to save or invest it. "The Investment Facts of Life" is a booklet which supplies the fundamentals about investing. LEE HIGGINSON CORPORATION. **J-6**

INFANT FORMULA STERILIZATION: The Ideal Terminal Sterilizer sterilizes and cools infant formula so that it may be moved directly to the refrigerator without intermediate table cooling. Automatically processes up to 70 bottles. Literature. SWARTZBAUGH MANUFACTURING COMPANY. **J-7**

ADHESIVE BANDAGE: Elastoplast is made in various shapes and sizes. Adheres and conforms to any contour on difficult-to-handle areas. Literature. DUKE LABORATORIES, INC. **J-8**

•••••• CIRCLE DESIRED ITEMS, CLIP COUPON, AND MAIL TO ••••••

RN READERS' SERVICE DEPT.
ORADELL, NEW JERSEY

August, 1958
Coupon void after October 31, 1958

Please send me information on the following items. . .

J—1 2 3 4 5 6 7 8

NAME _____ **R.N.**

STREET _____

CITY _____ **ZONE** _____ **STATE** _____

Control Diarrhea

—and other digestive distress

Pepto-Bismol is a unique, non-opiate formulation which controls simple diarrhea without producing constipation. In most cases, bowel function returns to normal within twenty-four hours.

FOR GASTRITIS: Pepto-Bismol's non-alkalizing, demulcent base helps the stomach return to normal activity without inhibiting digestive acids, without "acid rebound" or alkalosis.

FOR ENTERITIS: The soothing coating action of Pepto-Bismol is also highly effective in the intestinal tract—offers safe relief from both physical and psychosomatic disturbances.

Safe and effective for children as well as adults

Pepto-Bismol®

Active ingredients: Bismuth Subsalicylate, Salol, Zinc Phenolsulphonate and Methyl Salicylate Synthetic in a demulcent base. Note: The bismuth salts in Pepto-Bismol may cause a temporary darkening of the stool.

COMMENDED BY THE CONSUMER SERVICE BUREAU OF PARENTS' MAGAZINE

A Norwich Product

RN

I Work in a HEADACHE CLINIC

Everybody talks about headache, and something can be *done* about it

By Nadine Wright, R.N.

I've seen a lot of headaches in the last five years. In fact, as charge nurse at the headache clinic of the Hillcrest Medical Center in Tulsa, Okla., I've dealt with at least 4,000 of them.

More than 60 per cent of Americans are reportedly victims of headache. It's second only to the common cold in causing industrial absenteeism. Yet in the U. S. today there are but four clinics such as ours whose sole function is to diagnose and treat headache.

On the average, twice as many women as men have headaches. Chief sufferers are: (1) young—between 21 and 30; (2) unmarried; and (3) either students or executives.

The person with an everyday type of headache usually treats himself. It's the chronic, intensely painful type we see at the clinic.

Headache is of course a symptom, not a disease. So it may arise from any one of a number of physiological or psychological causes. For example, there's the headache resulting from brain

concussion, the chronic headache of the high-school girl who studies until midnight, the nagging headache of the older woman who lives with a daughter-in-law and worries about being a nuisance.

To get at the source of the trouble, we give every new patient at Hillcrest a complete physical examination. If we find the headache is a result of something organic, like infected teeth, sinusitis, hypertension, or (more rarely) brain tumor, we refer the patient to a specialist. Here at the clinic we concentrate on migraine and on headaches that arise from tension.

Because of the emotional factors present, we try to build a solid relationship between patient and staff. The same nurse works with the patient throughout his treatment. This saves time and spares the patient the need of adjusting to a new nurse at each visit.

After the diagnosis has been made, treatment consists of drugs to relieve the pain and psychotherapy to get at the underlying cause of the headache.

We sit down quietly with the patient and tell him that headaches are often caused by emotional conflict. We explain that we have a department where he can discuss his personal problems in strict confidence.

At first, the patient may resist, saying, "Talking won't cure *my* headaches! I've had 'em since I was eight. My mother had 'em all her life."

It takes a lot of ingenuity sometimes to convince a sufferer that talking *may* help a great deal. Anyway, he usually decides to give it a try, since it certainly won't do any harm.

Psychotherapy often starts with the social worker. If there's a family problem to meet, she may refer the patient to a social agency. Sometimes she calls relatives in consultation, as in the case of Mr. R.:

Mr. R. was admitted with a headache he'd had for two years. While he was only 28 and physically in good condition, his headaches were so severe that he couldn't keep a job.

The social worker discovered that his wife had an infantile attachment for her mother, and insisted on spending every weekend with her. The ignored and frustrated husband's headaches were an attention-getting device.

Fortunately, good family

counseling brought understanding. And the headaches disappeared completely when Mr. R. arranged for his wife to see her mother while he was at work.

Even after the psychiatric social worker takes over, I keep tabs on my patients as they go from one department to another. I check the charts periodically, make sure appointments are kept, and—most important of all—see that the patient takes his medications faithfully.

In addition to pain-relieving drugs, many of our patients receive tranquilizers to make them more amenable to psychotherapy. Often they've habitually overdosed themselves with an analgesic at the *height* of each headache; we must teach them to take medication at the *onset*.

Such medication depends on the type of headache. Although the two types exhibit some similar symptoms, the pain in tension headache is apt to be general, while in migraine it is usually hemicranial.

Tension Headache

Tension headache commonly affects persons in their 30s and 40s. It usually arises from emotional stress at home or at work.

Such stress causes changes in the cranial blood vessels. The pain that results is dull, throbbing, and may continue intermittently for days. It's generally accompanied by depression.

We give analgesics and sedatives to relieve the symptoms, but the emphasis is on psychotherapy. Letting the patient talk out his problem, giving him intelligent guidance, sometimes getting him to change his environment, are all means toward a cure.

Migraine Headache

Migraine headache is a different problem. It often starts in childhood. There may be a history of migraine in the family. Its victims tend to be rigid, aggressive perfectionists. This type of headache, too, may be triggered by emotional conflict. It often occurs during a let-down period, such as a week-end. Sometimes it lasts only an hour; sometimes, days. It may be accompanied by nausea, vomiting, sweating, even prostration.

Migraine is almost always preceded by an aura, characterized by blind spots and lightning-like flashes before the eyes. These symptoms are caused by con-

striction of the cranial arteries.

After the initial constriction, the arteries dilate, and then comes the throbbing, pulsing, unilateral headache. As vasodilation continues, the arterial walls thicken, and edema and rigidity change the pain to a steady ache.

The patient may not realize that the aura invariably presages an attack. If so, the nurse must stress the importance of his pre-headache medication.

Early Treatment Helps

Prevention is the key to successful treatment. Since the pre-headache aura is caused by constriction of cranial arteries, ergotamine tartrate (a vasoconstrictor), given *during the warning stage*, will keep the arteries from dilating later and thus avert a full-blown migraine attack.

Because migraine patients often have emotional conflicts that go back to childhood and are hard to get at, our psychotherapy is usually limited to helping relieve present anxieties. We also try to re-educate the patient so he'll cut down on overwork, rest more, and live a sensible social life.

If a nurse is a good listener, she'll learn the cause of the headache that much sooner. For example:

One patient had her first migraine at age 50. After that, they occurred every few days with no apparent cause. Tactful probing revealed the reason:

Her married son had very poor eyesight. He was looking forward to the birth of his first child. Our patient feared the child might be born blind.

Good counseling reassured her. The headaches disappeared.

The "headache nurse" needs a warm, understanding personality and a sincere interest in the patient. She also needs the perseverance to see the patient through months or years of care. A background in social service and psychiatry helps, too.

Hard work? Yes.

But I think it's worth it. I'm sold on the value of the headache clinic because I've seen such wonderful, gratifying results.

In most places today, patients with headache still circulate through the medical, ophthalmic, and psychiatric clinics. But it's only a matter of time until the need for units such as ours is generally recognized. Then, I predict, there will be headache clinics all over the country. END

Emergency Technique For Rh Babies

By Eileen McGloin, R.N.

If you saw jaundice in a baby less than 36 hours old would you suspect erythroblastosis fetalis? If the doctor confirmed your suspicion as to the diagnosis could you set up for an immediate exchange transfusion?

One of every 150 babies needs, and can usually be saved by, such a transfusion. Brain damage—sometimes death—is the price of failure to act quickly.

Erythroblastosis fetalis stems from blood-group incompatibility between mother and fetus. There are many such incompatibilities, but most important is that between an Rh-negative mother and an Rh-positive fetus. It causes only about one-third of all erythroblastosis cases, but they're usually the most severe ones.

What happens is that the mother develops an antibody to combat the antigen on her infant's red cells. This antibody enters the fetal circulation, attaches itself to the red cells, and causes them to rupture,

thus releasing their hemoglobin. Anemia and jaundice may then result.

If the fetus can't make new red cells fast enough to replace the ruptured ones, it will either die in utero *or be born with severe anemia—often with respiratory and heart trouble also.*

The released hemoglobin produces a toxic pigment, bilirubin. In the uterus, this is disposed of via the placenta, but it collects in the tissues of the newborn. When it collects in his brain, kernicterus (jaundice of the brain) results. Kernicterus is a preventable *cause of cerebral palsy.*

The treatment—to correct anemia and prevent kernicterus —is exchange transfusion. This replaces most of the baby's Rh-positive red cells with Rh-negative ones against which the destructive antibody is powerless. It also removes much of the circulating bilirubin, although it can't remove any that has already been deposited in the baby's brain. Hence the need for immediate *exchange transfusion.*

Such transfusion can cut the mortality among erythroblastotic babies to less than 5 per cent and prevent at least 1,000 cases of cerebral palsy every year.

The Set-up for Exchange Transfusion

A 500-ml. basin for the baby's discarded blood. A 20-ml. syring for withdrawing the baby's blood and injecting the donor's. Two 20-ml. syringes in a basin of heparinized saline (used alternately when the exchange is done with citrated blood). Sterile drapes: six hand towels, two towel clamps (not shown), and two half-sheets (not shown). Curved and straight cutting-edge needles and 4-0 silk (some doctors prefer plain 3-0 catgut on an atraumatic needle). An umbilical-cord tie (not shown). Hypodermic needles: 24-, 20-, 19-, and 18-gauge. Two three-way stopcocks (they're attached to the 20-ml. syringe in tandem and have attached to them an umbilical catheter with Tuohy adapter, a plastic outflow tube with metal sinker, and a blood-donor set). Two 10-ml. syringes (they contain 10 per cent calcium gluconate if citrated blood is to be used, 25 mg. of protamine if heparinized blood is to be used). Hemostats, thumb forceps (plain and mouse-tooth), and

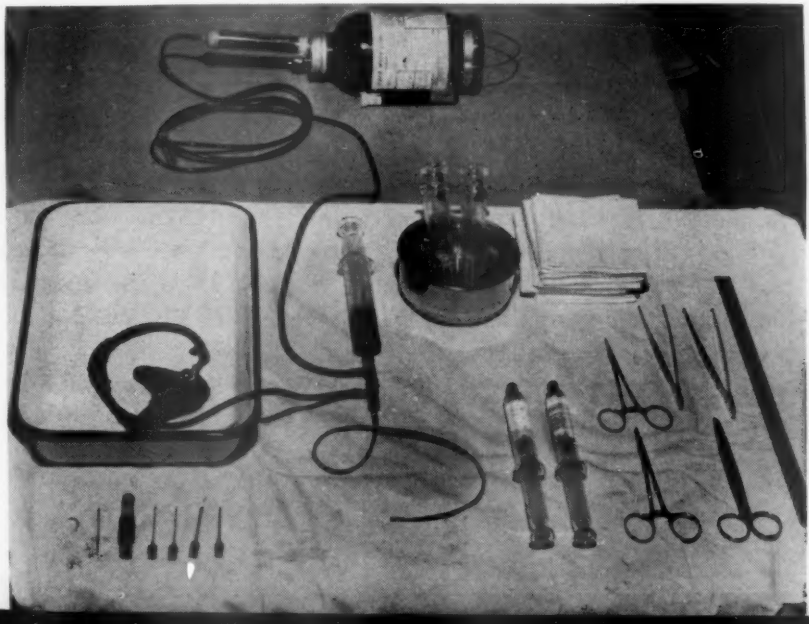
scissors. Rule for measuring venous pressure. (It's placed upright on the baby's abdomen and the open end of the blood-filled umbilical catheter held alongside it. The height of the column of blood equals the baby's venous pressure.) Rh-negative blood to replace the baby's Rh-positive blood. (Citrated blood usually comes from a blood bank and is warmed before use to 104°F. either in warm water or by immersing the 20 feet of tubing of the blood-donor set in a blood warmer. Heparinized blood comes from a donor just before the transfusion, and to each 500 ml. is added 15 mg. of heparin.)

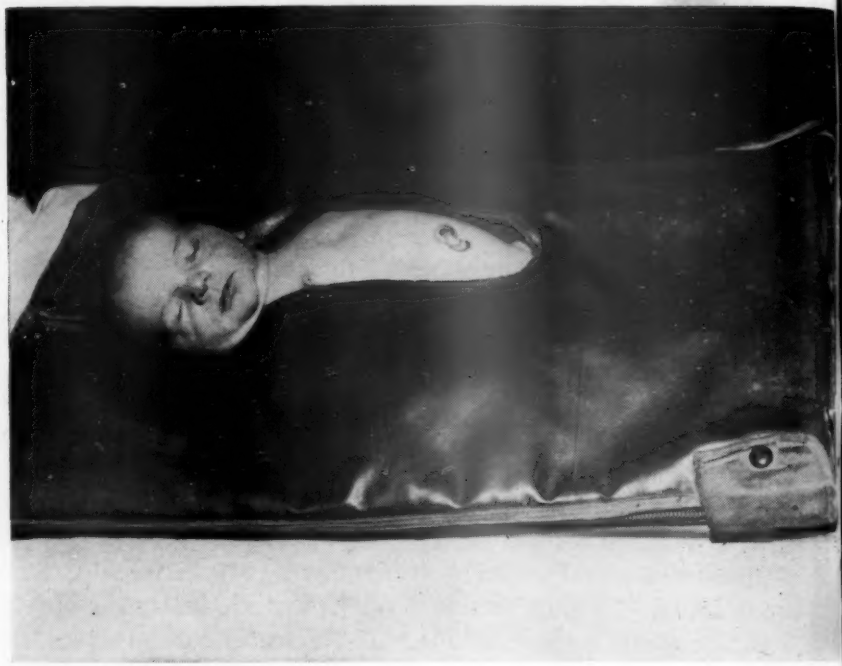
Besides the foregoing, it's also well to have ready an infant *emergency* tray with 2-ml. syringes, 2-ml. ampoules of caffeine sodium benzoate, epinephrine diluted to 1:10,000, infant-size laryngoscope, endotracheal tube, nasal-suction catheters, oxygen mask, and rebreathing bag. Oxygen, a suction machine, an I.V. pole, stools for the doctors to sit on, and a pad and pencil are also desirable.

Some doctors want an umbilical cannula and a blunt probe to thread the catheter into the baby's umbilical vein. Some want extra bottles of normal saline, heparin, and calcium gluconate as well as some plain and oxalated specimen tubes.

Sterile gloves are a must. Sterile gowns and masks are optional, depending on whether the doctor considers blood exchange a surgical procedure or simply a transfusion.

MORE ▶



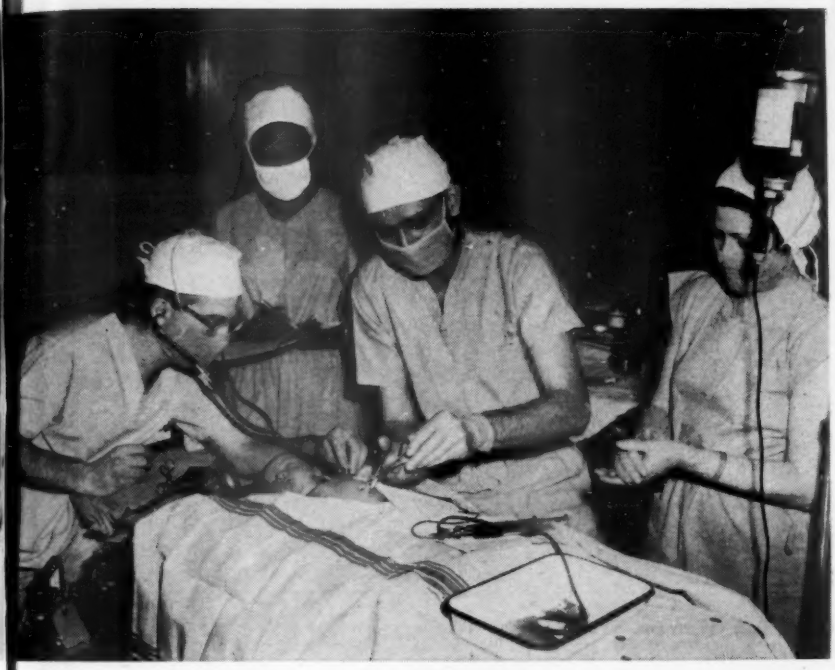


Preparing the Baby

To prevent possible shock, the baby is conveyed in a heated crib to a heated room where the transfusion is to be done. There he is either kept in the crib or put in a rubber bunting like the one illustrated. If neither of these is available, it's best to keep him wrapped in blankets rather than use hot-water bottles and risk the danger of burning him.

Equally important for the baby's safety is keeping his head, chest, and abdomen exposed so that his color and vital signs can be watched. He may, for instance, stop breathing and have to be resuscitated without delay.

The rubber bunting pictured is a waterproof electric blanket attached to a board. Once it's heated it maintains a constant temperature. It zips open along one side and buttons behind the baby's head. Once inside, he can wriggle his hands and feet but can't upset the sterile field. In an emergency, he can be tilted into shock position or taken right out.



The Transfusion Team

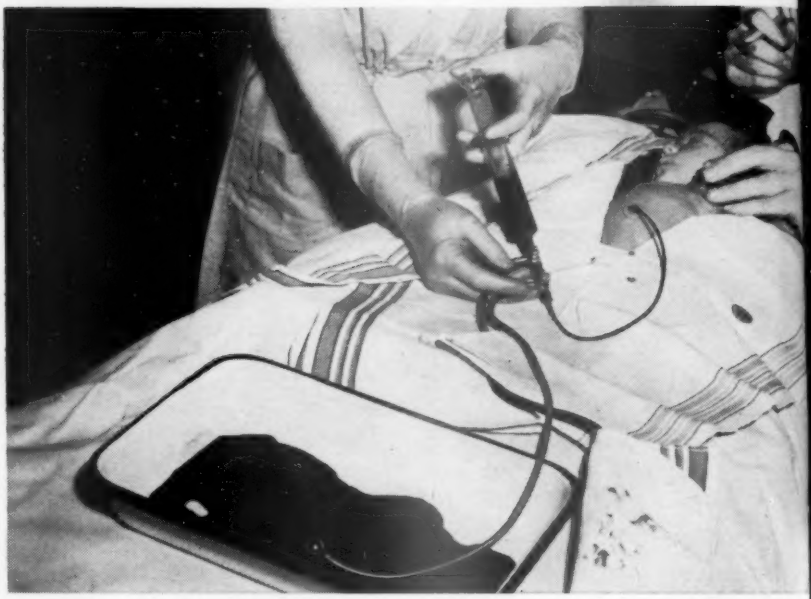
The operator, who performs the actual exchange, is always a doctor, usually a pediatrician.

The observer, who's directly responsible for the baby's life, is usually a pediatrician but may be a pediatric anesthetist or an R.N. The observer keeps a constant check on the baby's vital signs, watches for possible cardiac arrest, administers oxygen and pharyngeal suction when needed.

The recorder is usually a nurse but may be an auxiliary helper. She notes the details of everything done. She records vital signs, reactions, medications given. She writes down the time and amount of each withdrawal of the baby's blood and each injection of donor blood.

The assistant, who can break scrub when necessary, is usually a nurse. She hands instruments to the doctor, helps him secure the catheter in the vein, is responsible for keeping the blood warm, and runs any necessary errands.

MORE ▶



The Transfusion Technique

The cord is cut back fairly close to the abdomen. The catheter is threaded into the umbilical vein and connected to the stopcocks and syringe.

Some 20 ml. of the baby's blood are withdrawn and discarded at a time, and 20 ml. of donor blood are injected. This is repeated until about 500 ml. have been exchanged. (Usual amount: twice the baby's circulating blood volume or 75 ml. for each pound of his body weight.) The transfusion takes from one and a half to two hours.

If citrated blood is used, the baby is given periodic calcium gluconate injections. Reason: Citrated blood is low in calcium so tetany is a constant hazard.

After the transfusion, the doctor clears the tubing with normal saline solution. If citrated blood was used, he injects 5 ml. of calcium gluconate. If heparinized blood was used, he injects 25 mg. of protamine to prevent hemorrhage.

At this point, some doctors leave the catheter in place in case a second exchange is necessary. Others remove it but apply a sterile wet dressing so the catheter can easily be reinserted.

Back in the Nursery

Exchange transfusion, although relatively simple for the medical team, is a formidable procedure for the baby. He needs expert nursing care and close observation for at least five days thereafter. Shock, infection, heart failure, and kernicterus are all threats to him.

He is kept warm in an incubator or isolette through which humidified room air is circulated. He gets oxygen only for cyanosis.

Antibiotic injections are given twice daily. Blood tests are made daily to be sure the baby's bilirubin is not rising rapidly or exceeding 15 to 20 mg. per 100 ml. of blood.

The nurse also keeps a constant watch for signs of brain damage: high-pitched cry, irritability, arching back, rolling up of the eyes, elevated temperature, tremor, and convulsions.

When he's 24 hours old, the baby gets his first feeding—about an ounce of 5 per cent glucose in water every three hours. He's held for all feedings as regurgitation is a big problem.

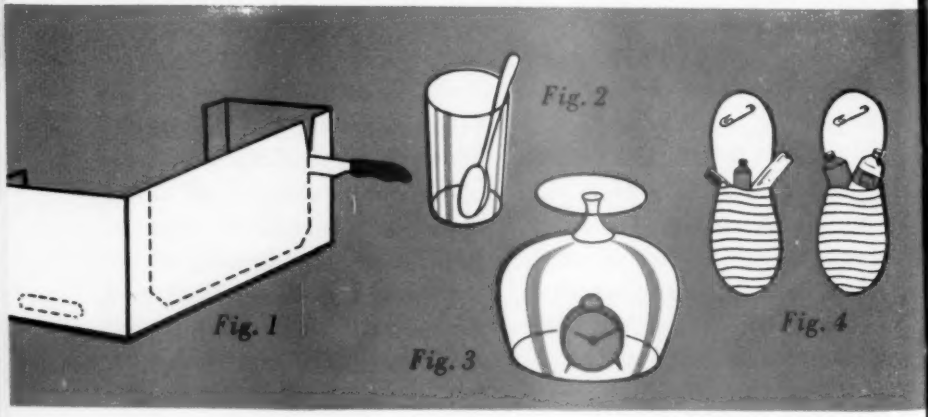
When he's 36 hours old, he's put on a modified milk formula. At 48 hours, he may be breastfed. END

YOU CAN MAKE HOME NURSING EASIER

By C. F. Taylor

Caring for the bedridden patient is a major problem in any household. You've probably been asked questions like: "But, Nurse, where can we buy a bed table?" Or, "How much does a back rest cost, and where can we find one?" And you'll probably be asked them again. At such times, a helpful suggestion from you is worth a lot to the harried family. It lets them know you're eager to help them, as well as the patient.

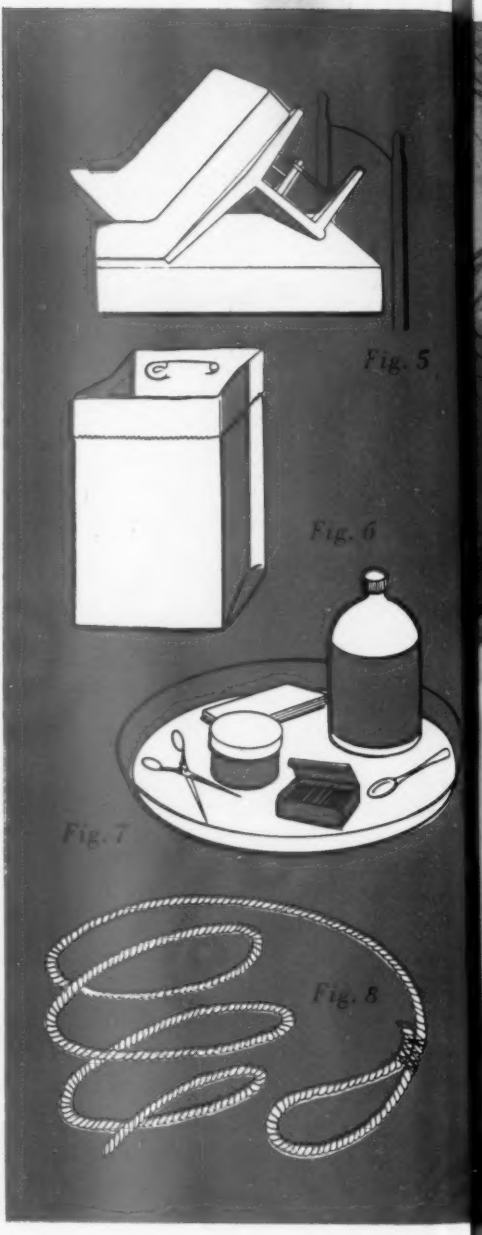
Shown on these pages are ten simple, economical expedients for the sickroom. Not one of them will take you more than a few seconds to describe, or even to demonstrate. And every one of them will save money and trouble for your patient's family.



Common Household Items *can be transformed into effective sickroom aids: A cardboard carton cut as shown and inverted (Fig. 1, left) makes an excellent bed table or a "foot cradle" to keep bedclothes off the patient's feet. Holes cut at both ends of the carton provide it with hand-holds. A spoon in an empty glass (Fig. 2) can substitute for a summons-bell. An inverted pitcher or large-mouthed tumbler (Fig. 3) serves to muffle the ticking of a bedside clock. Ordinary paper scuffs pinned to the side of the mattress (Fig. 4) make convenient holders for the patient's most-wanted toilet articles.*

MORE ▶

A Little Ingenuity *solves any number of home sickroom problems. For instance, an inverted straight-back chair placed below the mattress (Fig. 5) makes a good back rest for the patient. If desired, it can be placed above the mattress, with pillows for cushioning. Other possibilities: an upended suitcase, a slanted washboard, or an inexpensive, canvas beach back rest. Pinned to the mattress, an ordinary paper bag (Fig. 6) makes a simple, disposable container for used tissues and other waste. To save the bedside table-top from stains, a large pie pan (Fig. 7) doubles as a tray for holding medicine bottles, spoon, and other items. If your patient has trouble sitting up for changing her position without aid, a stout rope fastened to the end of the bed (Fig. 8) helps her.*



MORE ▶

Hospital Procedures *can be duplicated in the home with the help of household props. If steam inhalations are prescribed, an open umbrella can form the framework for a serviceable steam tent (Fig. 9). A blanket or sheet draped over the umbrella gives the tent "walls"; and a rolled-and-pinned paper funnel directs steam from the kettle away from the patient's face. To raise the bed to a height convenient for home nursing, four large cans filled with equal amounts of sand (Fig. 10) may be used for boosters. Cut-off lids of cans are dropped on the sand to keep bed legs—with or without casters—from sinking into it. Result: a bed of exactly the height desired (Fig. 11).*

END

You Can Help Prevent and Control

Lymphedema After Mastectomy

By William T. Foley, M.D. *and Alberta Evans,* R.N.

WHEN HOSPITALIZED, *this 59-year-old patient had intense root pain in neck and shoulder. Her arm was "too heavy to carry around."*

Lymphedema of the arm occurs to an important degree in about one out of every ten women who have had a breast removed. The successful treatment of this condition is a challenge. It depends on the complete cooperation of the doctor, nurse, and patient in applying physiologic and psychologic principles over long periods of time.

Take Mrs. S. When she came to our Vascular Clinic she was almost a recluse. She had never adjusted emotionally to the loss of her breast a year before. When her arm swelled to a disfiguring size six months later, she refused even to leave the house. Fortunately, her husband induced her to visit a physician before the lymphedema had progressed far enough so that it would permanently affect her emotional outlook as well as her functional abilities and physical appearance.

Early treatment in such cases is the key to cure. Without it edematous tissues become hard and fibrotic. Swelling cannot be completely reduced. Patients must then bear the pain and discomfort of a dead-weight arm as well as run the risk of infection

DR. FOLEY *is chief of the Vascular Clinic, and Miss Evans is head nurse of the Vascular Clinic, at New York Hospital.*

TWELVE DAYS LATER, *after regimen of elevation, massage, dehydration, and compression, her arm showed marked reduction in swelling.*

from faulty lymph drainage. (A simple furuncle in an edematous arm can readily turn into an erysipelas.)

Why the Swelling?

What makes lymph accumulate in the arms of postmastectomy patients? Why does swelling appear immediately after surgery in some cases and not until ten years later in others? No one understands these variations exactly, but the cause lies in the very nature of the operation.

To prevent metastasis, the surgeon must remove all the lymph vessels in the axilla. The same vessels that drain the breast also drain the arm. Radiation treatment and postoperative infection may destroy still more drainage channels. With no means of drainage, the lymph becomes stagnant in the intercellular spaces.

Proper Care Is the Key

This being the case, why do nine out of ten postmastectomy patients escape massive lymphedema? One explanation is that some persons have better collateral lymphatic systems in the shoulder region than others do. Another explanation is that *proper nursing care prevents lymphedema.*

If all nurses impressed their mastectomy patients with the importance of elevating and massaging the affected arm for three or four months postoperatively, we might see far less lymphedema. Even in those cases where lymphedema becomes a problem, treatment would be easier.

As it is, patients with excessive lymphedema are among the most difficult to treat, particularly outside the hospital. They find it irksome to follow instructions and are likely to fail to keep treatment appointments.

'Get to a Hospital!'

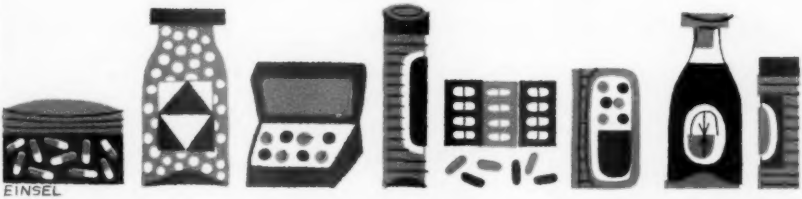
The best course, we believe, is to urge patients with a clinical degree of swelling to go to a hospital. There, away from home interruptions, they can better adapt to lymphedema therapy.

One of the first things ordered for a hospitalized lymphedema patient is a diuretic. This, plus a restricted salt intake, rapidly drains off a large amount of fluid.

To reduce the swelling further, we use gravity and compression. For example, a special stand keeps the patient's arm elevated, and a mechanical [MORE ON 76]

The Use and Misuse of Cathartics

By Morton J. Rodman, PH.D.



The drugs that treat constipation most effectively are those whose action takes place in the intestine only, without producing side effects.

These work in various ways. They irritate the mucosal lining, produce bulk, lubricate the intestinal wall, or soften hardened fecal matter.

The irritant cathartics listed on page 50 were considered in the July issue. Now we'll take up the bulk-producing and the emollient cathartics, as well as the synthetic detergents, which act as wetting agents.

Bulk-Producing Cathartics

Unabsorbable materials that combine with fluid tend to distend the intestine. Pressure on the wall of the gut is a natural stimulus to peristaltic contractions. So such substances are especially useful for patients whose diets contain too little bulk (which means most of us in this era of overly refined foods).

The bulk-producing cathartics

THIS ARTICLE *is the second of a two-part series. The author is professor of pharmacology at the College of Pharmacy, Rutgers University, Newark, N. J.*

Irritant Cathartics

Anthraquinone Type

Cascara sagrada, U.S.P.
Senna, N.F.
Rhubarb, N.F.
Aloe, U.S.P.
Aloin, N.F.
Danthron, N.F. (1,8-Dihydroxyanthraquinone, Dorbane)
Quinanthrol glycosides (Quinoplex)
Sennosides A and B
Purified senna principles (Senokot)

Drastic Resinous Irritant Type

Colocynth, N.F.
Gamboge
Elaterin
Podophyllum, U.S.P.
Podophyllum resin, U.S.P.
Jalap, N.F.

Irritant Oils

Castor oil, U.S.P.
Croton oil

Miscellaneous Irritants

Phenolphthalein, U.S.P.
Acetphenylisatin (Isatin)
Diacetyldioxyphenylisatin(Isacen)
Mild mercurous chloride, N.F. (calomel)
Precipitated sulfur

Emollients and Lubricants

Liquid petrolatum, U.S.P. (mineral oil)
Olive oil, U.S.P.
Cottonseed oil

Fecal Moistening Agents

Dioctyl sodium sulfosuccinate, U.S.P. (Colace, Doxinate, Diovac, Molofac)
Propethyleneoxides (Magnocyl)

Bulk-Producing Cathartics

Saline Type

Magnesium sulfate, U.S.P. (Epsom salt)
Magnesium citrate solution, N.F.
Magnesium hydroxide, N.F.
Magnesia magma, U.S.P. (Milk of Magnesia)
Magnesium oxide, U.S.P. (Magnesia)
Magnesium carbonate, U.S.P.
Sodium sulfate, N.F. (Glauber's salt)
Sodium phosphate, N.F.
Exsiccated sodium phosphate, N.F.
Effervescent sodium phosphate, N.F.
Potassium sodium tartrate, N.F. (Rochelle salt)
Compound effervescent powders, N.F. (Seidlitz powders)

Hydrophilic Colloid and Fiber Type

Agar, U.S.P.
Plantago seed, N.F. (psyllium seed)
Plantago ovata coating, N.N.D. (Konsyl)
Psyllium hydrophilic mucilloid, N.N.D. (Metamucil)
Methylcellulose, U.S.P. (Cellothyl, Hydrolose, Methocel, Syncelose, et al.)
Sodium carboxymethylcellulose, U.S.P. (Carmethose, et al.)
Sterculia gum, N.F. (Karaya gum)
Manna
Bran
Prunes

Suppositories and Enemas

Glycerin suppositories, U.S.P.
Sodium biphosphate and sodium phosphate solution, (Phospho-Soda enema solution)
Sodium dihydrogen phosphate [anhydrous] and sodium citrate [dihydrate] solution (Travad enema)

are of two types: (1) slowly absorbed mineral salts and (2) natural and synthetic fibers and gums that swell in water to form an indigestible gelatinous mass.

Substances of the first kind—the saline cathartics—increase intestinal fluid volume. This happens because unabsorbed salt ions exert an osmotic pressure that prevents water from passing into the circulation. In fact, highly concentrated salt solutions may even draw plasma fluids into the intestine. That's why they're used sometimes to dehydrate edematous patients.

When cathartic action is wanted, salts are usually given well-diluted with water. That way, even the unpleasant-tasting Epsom and Glauber's salts aren't likely to cause nausea. The extra water held in the intestine helps produce waves of peristaltic activity. These swiftly sweep the salt solution through the intestine to bring about prompt evacuation.

Their quick, complete cathartic action makes these salts best for flushing out food and drug poisons. They're also used to get rid of worms and vermicides after anthelmintic treatment for parasitic intestinal infestation. Used this way, the saline cathartics are comparatively safe.

But magnesium salts may be contraindicated when renal function is poor. Ordinarily the kidneys quickly excrete any magnesium ions that break through the mucosal barrier and get into the blood. In people with damaged kidneys, though, enough magnesium may pile up to produce toxic effects. Signs of central nervous system depression, varying from drowsiness to coma, have occurred in children receiving Epsom salt in worm treatments.

These—and all other strong cathartics—are of course contraindicated when the patient complains of abdominal pain. Drugs that drive the intestine into increased activity can rupture a "hot" appendix in short order.

Emollient Cathartics

Although saline cathartics may be used occasionally to overcome acute constipation, they are too powerful for long-range treatment of chronic cases. For treating such patients, colloid—and emollient—type laxatives are best. And even these should be used only as an adjunct to dietary and other [MORE ON 80]

Footnote to a Dedicated Life

BY MEDOS

"In my thirty-first year I see nothing desirable but death."

The nurse who wrote these words in her diary was undoubtedly more discouraged than you and I have ever been. Indeed it is difficult to imagine how any woman in such a state of mind could carry on—let alone minister to the needs of the desperately ill.

Yet this woman *did* carry on. In fact, she became the outstanding nurse of her generation and today is revered by us all. Her name: Florence Nightingale.

There are those who contend that the secret of Miss Nightingale's success lay in her inherent love for humanity, that this quality alone enabled her to surmount the despair and discouragement her diary so clearly reveals.

But such contentions overlook an important point: While the Lady of the Lamp was an

idealist, she was also a realist. An extraordinary realist.

Clear evidence of this may be found in the events that followed her unhappy diary notation. For it was shortly after her period of despondency that she decided to face facts squarely and plunge whole-heartedly into bedside nursing.

Until then, she had been little more than an observer—little more than a student. Now, for the first time, she was a doer.

"The busy have no time for tears . . ."

How well she came to understand that fundamental truth! And how well her final victory justifies the sage advice of Carlyle:

"Work is a grand cure for all the maladies and miseries that ever beset mankind." END

Near Miss

I was doing relief work at Manhattan's old Willard Parker Hospital. It was only my second night there as a student nurse on the ward for undiagnosed cases.

Shortly before midnight a new admission arrived. I tried to make him comfortable, but this took some doing since he was covered from head to toe with the worst rash I'd ever seen.

As the hours passed, the patient's condition worsened steadily. What's more, practically none of the surface of his skin was smooth enough for injection of his much-needed medication.

Another student nurse suctioned him at frequent intervals. The doctors worked hard to revive him. But in spite of these efforts, he died before morning, his case still undiagnosed.

It wasn't until late afternoon that I learned from the newspapers that the patient I'd worked over most of the previous night had entered the country with a disease identified—after his death—as smallpox!

P.S. Neither the doctors nor the nurses who cared for this patient contracted smallpox themselves, but some others in the hospital did. —FLORENCE BERGER ADLER, R.N.

THE 1958 RN AWARDS

A NEW CONTEST FOR NURSES INTERESTED IN WRITING

$100 ..... *for the best original article written by a nurse and found acceptable for publication.*

$100-25 .. *for all other original articles written by nurses and found acceptable for publication.*

Up to $10 .. *for original article ideas submitted by nurses and found suitable for development by* RN's *staff.*

■ *RN* believes that a nurse is the best judge of what interests other nurses. So we're encouraging you to distill something valuable out of *your* experience and put it in writing for the benefit of your colleagues everywhere. Your contribution can be either an article or an article idea. You may submit as many as you wish.

■ Your *article* will have the best chance of winning if it's (a) not more than 1,500 words long; (b) filled with examples, anecdotes, and cases in point drawn from actual experience; and (c) limited to *just one aspect* of any broad subject, whether it be clinical, human interest, economics, technical, or personal.

■ Your article *idea* will have the best chance of winning if it's (a) between 100 and 300 words long; (b) specific rather than general; and (c) detailed enough so that our editors will understand *exactly* the point you have in mind.

■ Entries must be postmarked no later than June 30, 1958, and addressed to Awards Editor, *RN*, Oradell, N.J. Manuscripts should be typed, triple-spaced on one side of the paper only, and accompanied by a self-addressed envelope and return postage.

Closing date for entries in the 1958 *RN* Awards contest has been extended to December 31, 1958, due to the great number of requests received from nurse-writers who were unable to meet the original June 30 deadline.

Annuities Pay You A Pension

Your Social Security benefit can't exceed $108.50 a month. But here's a way to provide yourself with added retirement income

By Allan J. Parker, LL.B.

Punsters say that a practical nurse is one who marries a doctor.

Well, I know some registered nurses who are being practical in another way: They're providing for their future security with their own earnings. And they're doing it via the same personal pension plan that a number of doctors favor: They're buying annuities.

"As a matter of fact," says one R.N., "we *have* to be practical. Most of us—married or single—have family obligations of one kind or another. As a result, there isn't much left in the budget for either investments or savings. And even though most nurses are now covered by Social Security, that alone won't provide enough to retire on.

"Take my own case. If I qualify for the maximum benefit, I'll get $108.50 a month when I'm 65. If I quit nursing at 62, I'll get only $86.80 a month. And if my husband and I *both* work until we're 65, our combined Social Security will be only $217 a month.

"That's the maximum, remember. We may not even get that

THE AUTHOR *is a member of the New York Bar.*

much. It *could* be, say, only $175 a month—which is hardly enough these days for a couple to live on comfortably. That's one reason why we decided to buy an annuity.

"Another reason is this: Neither of us is covered by any kind of employe pension plan. My husband is a hospital pharmacist; I work in central supply. And, as you know, most hospitals don't have pension plans.

"Industrial nurses are lucky in that respect. A good many of them come under company pension plans. But most hospital nurses and all who do private duty have to build their own retirement funds out of earnings. Some day, perhaps, hospitals will adopt the pension idea, too. In the meantime, an annuity is one way of supplementing Social Security benefits."

The annuity plan is basically

simple. In essence, it's a form of income insurance issued by a life insurance company. The annuity holder, like the person with life insurance, pays the insurance company a fixed amount regularly for a specified number of years. In return, the company guarantees to pay her a fixed amount regularly for life, beginning at age 65 or at whatever age she selects.

Suppose, for example, that Nurse Jones, now retired, holds an annuity that pays her $1,200 a year. And suppose that during her working years, her payments to the company totaled $15,000.

"I don't know about your temperature, but your bubble gum's temperature is O.K."

If she's favored with a long life and gets back her entire $15,000 in twelve and a half years, does her annuity then stop?

Not at all. The company goes right on paying her $1,200 a year for as long as she lives, even if she reaches 100 or more.

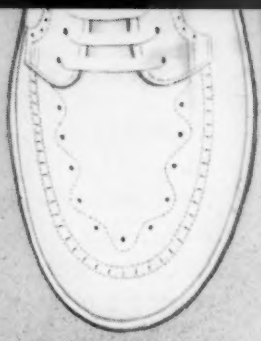
That's the risk the company takes. But it's a *calculated* risk based on longevity studies of large groups. In other words, insurance companies spread their annuity risks over a large number of annuitants—just as they spread the risk of early death over a large number of life insurance policyholders.

The age at which you buy an annuity contract naturally determines the premium you must pay to receive, say, $100 a month at age 65. The younger you are when you begin your annuity program, the smaller the annual premium.

What happens if the annuity-holder dies *before* the pension payments begin? Does the company keep the premiums that have been paid in?

No. The annuitant's estate or designated beneficiary gets a refund covering these paid-in sums.

As might be expected, there



CLINIC

Reg U.S. Pat. Off. and Canada

SHOE

for Young Women in White

Nurses *love* Clinics' smart good looks . . . the comfort of their fine, soft leathers . . . the durability of their genuine Goodyear welts . . . and their superb fit in sizes 3½ to 12, AAAA to E. $8.95 to $10.95.

Conductive sole style $11.95,

RIPPLE® SOLE styles, $12.95.

Your Free Gift!

Just write to us, to receive your complimentary pair of white shoe laces, folder showing all the lovely Clinic styles and a list of stores that sell Clinic!

style #305

Write to: **The Clinic Shoemakers**, Dept. RN 8, 1221 Locust St., St. Louis 3, Mo.

are numerous types of annuities. First of all, there's the *straight life annuity*, sometimes called the *non-refund annuity*.

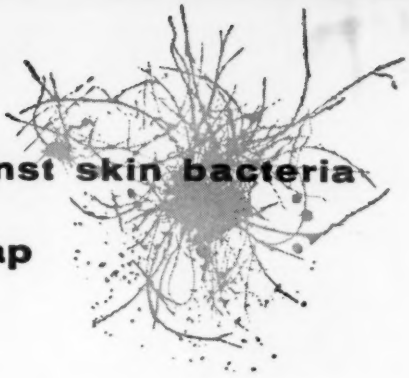
Under such a contract, you receive a pension for as long as you live. But if you die before recovering the full amount you've paid in, your heirs don't get any refund. This holds true even if the insurance company has paid you, say, only one installment prior to your death. The balance of what you paid in reverts to the company (to be paid out to other, longer-lived annuitants).

Such a non-refund annuity pays a relatively high return. But it also represents a gamble that doesn't appeal to some people—especially those with dependents. For this reason, many insurance companies offer what they call an *annuity with installments certain*. This guarantees you a somewhat smaller pension for as long as you live; but it also provides that if you die before the expiration of the stipulated period, your beneficiary (or heirs) will continue to receive your pension installments until the end of that period—usually ten years, sometimes twenty.

The *refund annuity* is a somewhat similar contract, with special appeal to nurses with dependents. Besides providing a lifetime pension, it guarantees that the total amount you pay in as premiums will be refunded —either directly to you or, if you die before recovering the full amount, to your designated beneficiary.

Still another form of contract is the *joint and survivorship annuity*. This provides a joint lifetime income for, say, a husband and wife, as well as a lifetime income for whichever of the two lives the longer. In this case pay-

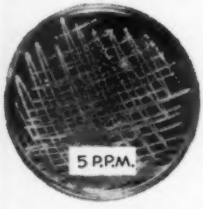
Dial proved more effective against skin bacteria than any other soap



New Dial with TCC and a chlorinated bisphenol.

Former Hexachlorophene Dial.

Bithionol Soap.



TMTD Soap.

The same ingredient in Dial that destroys odor-causing bacteria also sweeps away bacteria that often cause skin blemishes.

You now can prescribe one soap—Dial—to aid in counteracting both skin odor and skin blemish conditions.

Dial's new *synergistic* combination of *two* deodorant ingredients—a chlorinated bisphenol *and* a trichlorocarbanilide, shows a marked superiority in all tests.

Dial inhibits the growth of a wider range of skin bacteria (both gram-positive and gram-negative) than any other soap now available.

In vitro tests prove Dial's superiority

These culture plates were streaked with the organism M. *pyogenes* var. *aureus* (bacteria causing odor and pyogenic trouble). Then 5 p.p.m. of the test soap were added to each plate.

Dial is also available in guest sizes for hospitals. Ask your hospital purchasing agent to write our laboratory at the address below for information or free trial samples.

FROM THE SOAP DIVISION OF ARMOUR AND COMPANY • 1355 W. 31ST ST., CHICAGO 9, ILL.

ments terminate only on the death of the second annuitant.

In considering which type of annuity is best for you, you'll naturally want to consult your insurance advisor. And, as he'll undoubtedly tell you, the amount of the monthly pension you receive for each $1,000 you pay in will depend on which type of contract you buy, as well as on the age at which you buy it.

For example, an insurance company can offer you a larger monthly income on a non-refund (straight life) annuity than it can when it has to guarantee a refund to your heirs.

Like a life insurance policy, an annuity contract has a cash reserve value. It enables you to borrow money from the insurance company before your pension payments begin; and the more you've paid in, the more you can borrow. (You must, of course, pay interest, though.)

The contract also has a cash surrender value right up to the time your pension payments begin; and that value likewise increases as your paid-in total mounts.

It's true, of course, that your financial circumstances twenty years hence may differ considerably from your present expectations. But once an annuity program is well established, it's usually possible to have the pension-payment method changed to meet altered circumstances.

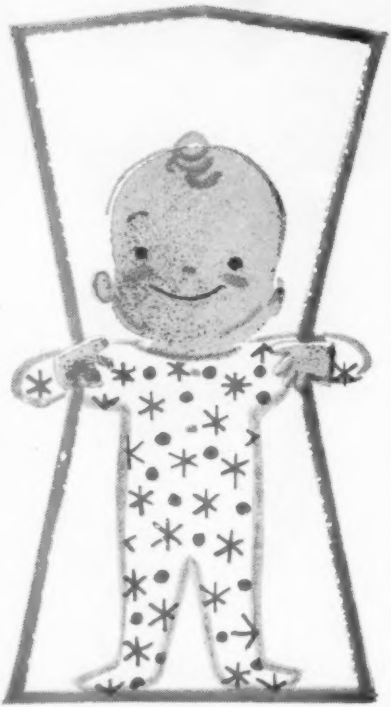
In any self-pensioning program, income taxes naturally have to be taken into account. And income from annuities, unlike income from Social Security, is taxable in part.

The part that can be excluded from taxation varies considerably from one type of annuity to another. Yet it's generally a substantial part.

Nurse Jones, for example, retiring at age 65 with a straight life annuity that pays her $1,200 a year, would be able to exclude about $825 of it from her taxable income.

The reason the tax law allows such exclusion is this: The amounts you pay into your annuity fund during your nursing career are *not* deductible on your annual tax return; year after year you pay an income tax on these amounts. So, when the insurance company begins paying you a pension *out of your own savings*, the only part of it that's taxable is the interest that's been accumulating over the years. END

4 ways to PRO-vide PRO-tein



THESE TWO FOR THE YOUNG BABY

1. **Gerber Strained Meats** — made from selected Armour cuts, specially processed for high retention of quality animal protein. Low fat value.

2. **Gerber Strained Egg Yolks** — specially processed to reduce allergenicity*. Pathogenically safe—processing includes pressure cooking at 240°F. for 45 minutes.

ALL FOUR FOR THE OLDER BABY

3. **Gerber's High Meat Dinners** — 3 times as much meat as regular vegetable and meat combinations. Minimum protein content of 7%.

4. **Gerber High Protein Cereal** — 35% protein content derived from a combination of oat flour, soya flour, wheat gluten and yeast.

*Todd, Richard H., et al: The Journal of Allergy, Vol. 28: 436-448 (Sept.) 1957

Gerber Baby Foods

FREMONT, MICHIGAN

This R.N. Sells Tigers

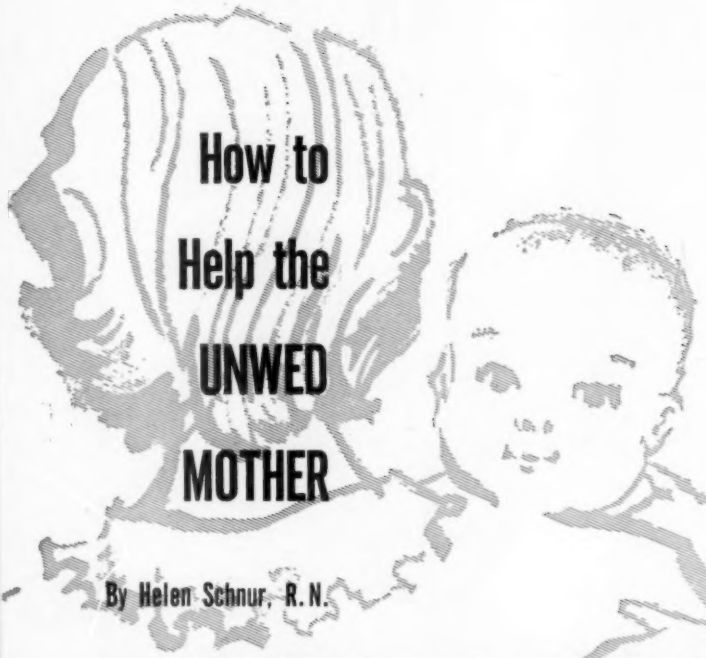
Tiger, anyone? Honey Shapiro will take your order. Or, if you prefer, she'll sell you a magic Yo-yo, a pop-eyed jack-in-the-box, or some other fascinating toy.

Mrs. Shapiro is a partner in the Cleveland enterprise that she and her sister founded in 1950—on a mere $100. Today, it's a thriving multimillion-dollar business.

The firm's toys, bought in wholesale lots, are sold nationally through home demonstrators who work on the now-familiar "party plan." (A few friends get together at somebody's home—and the demonstrator does the rest.) At times, the sisters have as many as 2,000 demonstrators taking orders.

But success in the business world hasn't dulled Mrs. Shapiro's interest in nursing. "It's my first love and always will be," she says. "I sincerely hope to return to it some day."

END



How to Help the UNWED MOTHER

By Helen Schnur, R. N.

As a nurse, your chances of seeing an extramarital pregnancy are increasing:

More than 193,000 babies were reported born out of wedlock in the U. S. last year. That was double the 1939 figure. And it does not, of course, include the thousands more unreported as illegitimate.

You may well ask yourself, then: "Am I really prepared to understand and help the unwed mother-to-be?"

In case there's any doubt in your mind, let me point out some of the things I've learned from the 9,000 patients I've seen during my thirty-two years at Booth Memorial Hospital in Chicago.

In the first place, few of the unmarried mothers I meet are mentally deficient or promiscuous. But most of them need to

---

THE AUTHOR *is director of nurses at the Salvation Army's Booth Memorial Hospital in Chicago. She has been on the staff there since 1926. Booth Memorial cares for unmarried mothers in its sixty-bed predelivery home section and its twenty-bed OB unit.*

understand themselves and be understood.

At Booth Memorial we recognize this need. We try to help the unmarried pregnant girl gain insight into her conflicts. She receives counseling by a psychiatric social worker; and the services of a spiritual adviser and a psychiatrist are also available to her.

An Emotional Problem

Left to her own devices, an unmarried girl who's pregnant may run off to a relative 300 miles away or, worse, seek an illegal abortion. This can be far more devastating emotionally than an illegitimate birth; and physically it can, of course, lead to permanent injury—even death.

If such a girl comes to your attention, urge her to go to an appropriate social agency in her own community. The agency will refer her to a specially staffed hospital, such as ours, where her whole personality, not just her pregnancy, will get consideration.

Here at Booth Memorial we give the girl a lot more than nursing care. Whenever possible, for example, I assist at the girl's prenatal examination. Often, too, I stay with her during labor. In this close relationship she is likely to want to talk to someone she has confidence in.

We start building confidence the day the mother-to-be is admitted. The first meeting with a new patient used to bother me, since the unmarried pregnant woman may be defensively arrogant, or nonchalant, or withdrawn.

But I've found a way to break the ice. I walk up to her, introduce myself, and say:

"I'm one of your nurses. If there's anything I can do, just tell me." Then I add: "I know all the girls here. Come with me and I'll introduce you to some of them."

This positive approach usually melts the patient's defenses, and you reach the frightened, heartsick person beneath.

They're Admitted Early

Since our unmarried pregnant patients are sensitive about their condition, they're usually admitted to the home section before they "show." We urge them to come to us at least by the seventh month. This gives the obstetrician time to check the patient's

A Vacation from Hay Fever is a Real Vacation

ANYWHERE – ANYTIME

Just a "poof" of fine **NTZ** *spray brings relief* **IN SECONDS, FOR HOURS**

NTZ provides day and night relief from stuffy, sneezing, running noses and watery eyes.

NTZ is a potentiated, balanced combination of these well known synergistic compounds:

Neo-Synephrine® HCl, 0.5%
– dependable vasoconstrictor and decongestant.

Thenfadil® HCl, 0.1%
– potent topical antihistaminic.

Zephiran® Cl, 1:5000
– antibacterial wetting agent and preservative.

NTZ®

NASAL SPRAY

Supplied in leakproof, pocket size squeeze bottles of 20 cc.

Winthrop LABORATORIES New York 18, N. Y.

NTZ, Neo-Synephrine (brand of phenylephrine), Thenfadil (brand of thenyldiamine), and Zephiran (brand of benzalkonium chloride, refined), trademarks reg. U.S. Pat. Off.

physical status and prepare for any possible complications.

You may ask: "But don't these young women become bored and unhappy when they're in the home so long before delivery?" We haven't found this to be the case. Our home section is cheerful and pleasant, like a college dormitory, and each girl has a definite routine to keep her busy.

Consultations with her obstetrician, social worker, clergyman, and others take a great deal of time. She's also assigned light household tasks: dusting, making beds, helping in the dining room, etc.

The Value of Work

These duties make her "one of the family" and have definite therapeutic value. Some of our patients are here free of charge, and helping with the housekeeping gives them a feeling of at least partially paying their way.

Eighty per cent of our patients are under 16. (Currently we have five 12-year-olds and two who are 13.) So quite a few, in addition to their other duties, attend school. A full-time staff teacher gives the instruction.

I wish I could describe the personality changes that often develop in our patients. Once they realize they won't necessarily carry a lifetime stigma, they tend to become open-minded, willing to learn, and positive in their approach to life.

They Call Her 'Mom'

I think it's significant that many of the youngsters call me "Mom." A few are themselves illegitimate, and some have been shunted from one foster home to another, with never a real "Mom" in their lives.

After delivery, the average patient stays in the hospital unit about two weeks. The reason for this longer-than-average hospitalization is that many of our girls go back to work as soon as they leave Booth, and we want to be sure they're in good physical condition when discharged.

Keep the Baby?

A few return to the home section if they still have not resolved the unwed mother's greatest conflict: whether or not to keep her baby. But most feel they can't give their children the homes they should have, so 90 per cent of the babies are referred to agencies for adoption.

Often a girl, torn with inde-

DID WE ASK YOU ?

for superior cleansing and refreshing effect

Pleasant aroma – no tell-tale medicinal odor

Meta Cine is more soothing and refreshing than other douche powders

Thoroughly cleanses – and the clean feeling lasts much longer

I like it better than anything I have ever used

Leaves a cooling clean feeling

Cool, fresh, clean!

Gives a "tingling" feeling of cleanliness

Recently, we asked a representative cross-section of RN's who had used Meta Cine why they preferred it to other douches. As professional women, all recognized the scientific rationale of its judicious formula.

But the great majority (85%) spoke most highly of the esthetic and physiologic superiority of Meta Cine. A few representative comments are reproduced above. May we ask *you*—if we haven't already—to try Meta Cine, and compare it with any other douche?

If your favorite druggist doesn't happen to have Meta Cine in stock, he can easily order it for you from his wholesale supply house. Meta Cine possesses the physiologically correct pH of 3.5, and contains the mucus digestant, *papain; lactose*, to promote growth of desirable Döderlein bacilli; *methyl salicylate*, to stimulate circulation; and *eucalyptol, menthol* and *chlorothymol* for their decongestant and aromatic properties.

Meta Cine is supplied in 8-oz. containers. Promoted exclusively to the medical and nursing professions.

RAYTEN PHARMACEUTICAL COMPANY

Chattanooga 9, Tennessee

cision, asks me what to do. If such a question is ever put to you, *don't* answer as one nurse did: "How could you even *think* of giving up your baby? I'd scrub floors to keep him, if he were mine."

My advice to nurses is: Hands off! But you *can* say: "He'll be a baby such a short time. Before you know it, he'll be old enough to ask questions. You're the only one who can decide whether you'll be able to answer him and, at the same time, handle all the other problems."

Some nurses think that if an unwed mother's baby is going to be adopted she should not see it first. I don't go along with that. If a patient asks to see her baby, we allow it. Contrary to popular opinion, this seldom makes her change her mind about giving up the child.

They're Curious

Wed or unwed, a new mother wants to know what color her baby's eyes are, how much it weighs, and other details. Sometimes a mother who did not see her child will write to us long after she's been discharged to

say, "Tell me about my baby. Was it a boy or a girl? How much did it weigh? Did it have anything wrong?"

We try to see that each patient leaves us for a happier and healthier environment than the one she came from. If she doesn't want to return to her former home, we arrange to relocate her in a new job in a new town.

The Courts Help

If the patient's a minor, the social worker may get a court order so the youngster won't have to go back to an insecure and perhaps dangerous family situation.

I get a lot of satisfaction from my job. For whenever a girl leaves here wiser and better prepared to face her future, I feel we've made a real contribution.

Letters come in every month from grateful ex-patients. These letters are convincing evidence that no matter how traumatic a girl's experience, good medical and nursing care—and understanding during her pregnancy and delivery—can do wonders in preventing permanent emotional damage. END

Meet Nursing's 'Annie Oakley'!

This tiny, blue-eyed student nurse at the Washington (D.C.) Hospital Center is a rifle champion at 19. In fact, she's the youngest markswoman ever to win the national junior and women's titles in her specialty: service-rifle shooting.

Her name's Peggy Long and her interest in shooting goes back to the days when she was barely knee-high to a carbine. "I grew up around guns," she says. "My father is a former national rifle champion, and I just naturally followed in his footsteps."

The service rifle she totes to national championships is the Army's M-1, a highpowered combat weapon used by the infantry. It packs a man-size kick, but Peggy prefers it that way. "It's more thrilling than small-bore shooting," she says.

On the range Peggy prefer to shoot barefoot from the prone position. ("It's more comfortable.")

Saturday mornings, when she's off duty at the hospital, she conducts classes at the Pinwheel Rifle Club. Her students, mostly male, range from age 10 to 40-plus.

At least one sports writer has referred to Peggy as "a modern Annie Oakley." The Indians might have given her an even more appropriate name: Little Big Shot. END

[CONTINUED FROM 48] compressor forces lymph from the arm into the shoulder area.

The stand lets lymph drain off through the remaining lymphatic channels over the shoulder. Before elevation the nurse checks the adequacy of arterial supply by feeling the radial pulse. After elevation she watches for pallor. She also takes arm measurements before and after treatment to check progress.

Hand massage can also be used to direct the lymph flow toward the shoulder. Our nurses teach patients to start massage high in the shoulder, lengthening the stroke until the wrist is reached. This "frees" the lymphatic areas.

Then the patient starts massaging at the wrist and kneads upward toward the shoulder. This massage gradually forces the fluid from the tissues toward the large lymph vessels of the chest. The patient continues the massage as directed for ten minutes by the clock.

After the fluid has been drained from the tissues by elevation and massage, it can be prevented from reaccumulating

by applying a fitted elastic sleeve or an elasticized bandage to the arm. The sleeve is designed to give maximum pressure at the wrist with diminishing pressure up the arm. If a sleeve is to be used, we supply the manufacturer with accurate measurements, taken at 1½-inch intervals up the length of the arm. These measurements are taken after swelling has been reduced by therapy. If a bandage is used, it can be adjusted when applied. It is started at the wrist, secured around the palm, and spiraled upward toward the axilla.

When swelling drops to a minimum, the patient is sent home to resume normal activities. We advise sports, especially for those wearing elastic sleeves, since exercise helps to pump lymph through normal channels.

The Compression Sleeve

For the past two years we have also been using a compression sleeve to give mechanical massage. The sleeve is attached by rubber tubing to an electrically operated alternate-pressure unit. It automatically inflates and deflates the sleeve, starting at the

wrist and going up the arm. This takes the place of hand massage and can be used for a longer period of time.

The patient is put to bed and the purpose of the treatment is carefully explained. Reassurance is needed because many patients, when they see the machine, are afraid they will get an electric shock.

The arm is measured before and after treatment, at the wrist, at the fullest part of the forearm, and at the fullest part of the upper arm. The exact places where the measurements are taken are marked on the skin and, when the treatment is finished, measurements are again taken in the same places.

Applying the Sleeve

Since the sleeve is not washable, the arm is covered with stockinette before the sleeve is applied. The nurse must be sure the sleeve cuff is above the carpal bones. Otherwise, interference with circulation may cause numbness, tingling, and cyanosis of the hand. We instruct the patient to report any of these signs immediately.

Treatment is continued for two hours; the patient is checked at least every half-hour. When the fluid moves from the tissues, it becomes necessary to tighten the sleeve.

The frequency of treatment is dependent upon the degree of lymphedema. Patients come to the clinic weekly or biweekly.

Rules for Home Care

Here are other pointers our nurses give on lymphedema treatment at home:

- Keep arm raised as much as possible.
- Swing arm while walking.
- Do exercises and massage ordered by the doctor.
- Keep mastectomy site (and arm and hand) scrupulously clean.
- Wear gloves when gardening.
- Wear loose clothing or nonconstricting clothing.
- Dispense with brassiere strap on affected side.
- Use talcum rather than deodorant.
- Wash elastic sleeve or bandage frequently in cool water.

If these tips are given and heeded, lymphedema can be controlled at home. It need not continue to disfigure so many of our postmastectomy patients. END

[CONTINUED FROM 52] physiological measures.

When moistened, these hydrophilic (literally, water-loving) laxatives absorb water and swell, forming a gelatinous mass. This distends the gut without irritating it.

Taken with plenty of water (to prevent fecal impaction), these substances produce a soft, plastic stool. Giving indigestible fibers is claimed especially effective for elderly and bedridden patients. The bulky residue is said to stretch the weakened muscular walls and restore normal tone.

In constipation of the rectal type (dyschezia), the lower bowel may already be fully distended with fecal matter. Here, mineral oil may help by lubricating and loosening the hard, dry mass. This bland laxative oil is of value whenever straining at stool is undesirable or dangerous—in certain circulatory conditions, for example, and after hernia or hemorrhoid operations.

Liquid petrolatum prevents pain after anal surgery by keeping the stools soft so that they slip out readily. Such leakage can, of course, be cosmetically undesirable under other circumstances. It can cause pruritus ani, too.

Mineral oil is alleged to have other disadvantages as well. For one thing, it's said to prevent the absorption of carotene and vitamins, A, D, and K. These and other fat-soluble substances may dissolve in the oil and be lost with the stool. The oil may also interfere with digestion by coating the intestinal mucosa.

Despite such drawbacks, though, mineral oil is widely used and probably causes no serious harm. It is usually flavored

and emulsified to mask its greasy consistency. And because it's tasteless and indigestible, it's even used as the basis of low-calorie salad dressings.

Wetting Agents

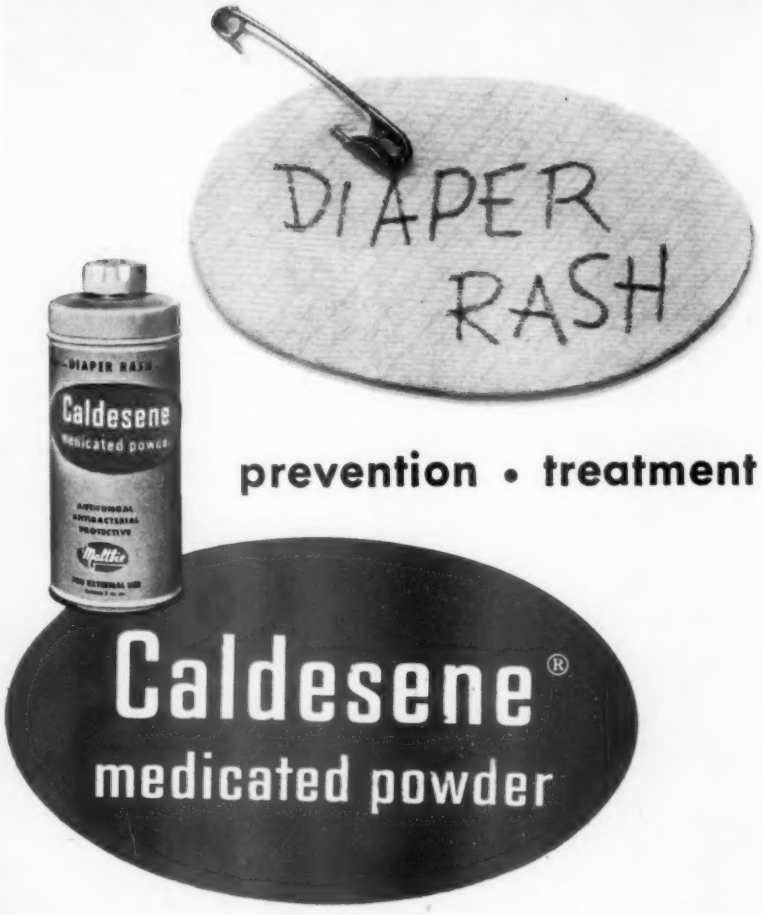
Among the newest adjuncts to constipation treatment are synthetic detergents. These aren't really laxatives; they simply lower surface tension—in the bowel as in so many soapless shampoos. By helping fluids penetrate dry fecal masses, they form a softer, bulkier stool. This tends to stimulate normal peristalsis. Polio and other bedridden patients and aged people have been helped particularly by these detergents.

One such synthetic wetting agent, dioctyl sodium sulfosuccinate, has been widely marketed alone and in combination with various cathartics. The drug itself seems quite safe. But it has been suggested that it not be given with mineral oil. This warning is based on the belief that its detergent action might permit the oil to pass through the intestinal mucosa and be absorbed. It could then cause chronic inflammation of the liver, spleen, and lymph nodes.

Overcoming Constipation

Patients need to be taught that strong cathartics have no place in the treatment of chronic constipation. They must be convinced of the value of eating foods that furnish bulky residue, drinking plenty of water, and striking a proper balance between exercise and rest.

Many a patient also has to rearrange his living and working habits. He should be advised to set a time for moving his bowels and to stick to it. He needs to



prevention • treatment

Caldesene®
medicated powder

The medication makes the big difference: Caldesene contains 15% calcium undecylenate for sustained antibacterial and antifungal action – Caldesene forms a protective coating which prevents moisture or other irritants from coming into contact with tender or affected areas. Since the film is discontinuous it does not interfere with insensible perspiration. This unique product relieves itching, soreness and burning, and protects against diaper rash, prickly heat, and chafing.

Supplied in 2 oz. shaker containers.

FOR A TRIAL SUPPLY WRITE TO
PROFESSIONAL SERVICE DEPARTMENT

Maltbie

MALTBIE LABORATORIES DIVISION
WALLACE & TIERNAN INC.

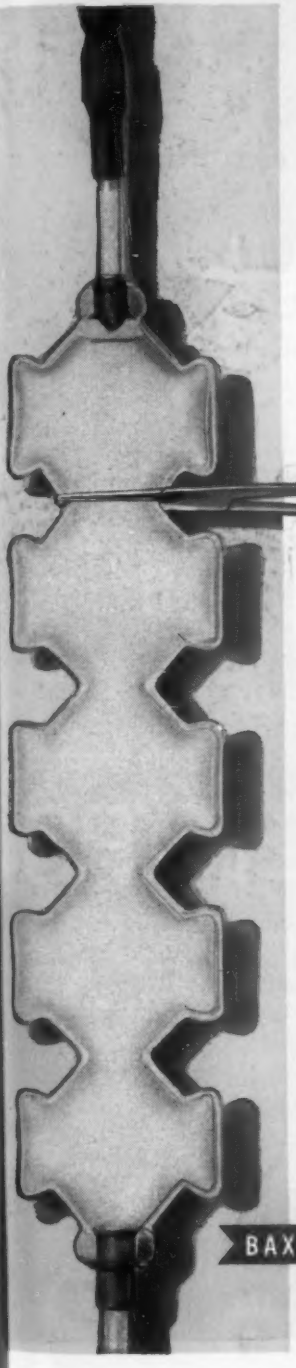
Belleville 9, New Jersey

PCD-71

realize that extensive drug the apy is usually not needed.

If the patient's constipation of the "spastic" kind, the doct may want to try atropine or som antispasmodic such as belladon na. If the constipation aris from a thyroid deficiency, the glandular therapy may be what called for. Generally, thoug the problem is best handle without drugs.

Contrary to popular belie then, cathartics are rarely ind cated for patients with chron constipation. These patients a best served by finding the phys cal or emotional cause of the difficulty, and then correcting i More often than not, this mean breaking the patient's depend ence on drugs, rather than givin him more of them. EN



New concept in PEDIATRIC *dosage control*

R36 PEDATROL*

New and radical in design, the segmented chamber of PEDATROL permits exact control of solution or blood administration, from 10 ml. to 50 ml., in increments of 10 ml.

Each compartment of the chamber holds precisely 10 ml. of fluid. By clamping off at any point between compartments you automatically set up the required dosage. Simple, efficient and accurate . . . without constant supervision. Once the hemostat is clamped, only the prescribed contents can be administered. Flashball® above top segment simplifies supplemental medication.

Make PEDATROL standard equipment in your Central Supply. Save nursing time . . . ease the work load . . . surely, safely, economically.

BAXTER LABORATORIES, INC. Morton Grove Illinois

*Trademark of Baxter Laboratories, Inc.

DISTRIBUTED AND AVAILABLE ONLY ON THE 50 STATES EAST OF THE ROCKIES (except in the city of El Paso, Texas)

AMERICAN HOSPITAL SUPPLY CORPORATION

SCIENTIFIC PRODUCTS DIVISION GENERAL OFFICES • EVANSTON, ILLINOIS

RN positions

NA MEMBER: To share with two other se anesthetists in 100 bed accredited hosl, surgery and some OB work. Private fee s. Excellent opportunity. Write: Anessin Department, Ephraim McDowell Meml Hospital, Danville, Ky.

ESTHESIA COURSE: The Albany Hospi- School for Nurse Anesthetists offers a 12 course of training in anesthesia for regisd nurses. Course begins September first. redited by the AANA. GI approval. For ther information write: Albany Hospital ool for Nurse Anesthetists, Albany Hosl, Albany, N. Y.

ESTHETIST-NURSE: Immediate open- for Nurse Anesthetist, 4 on staff, one esthesiologist, air-conditioned, new dept, d salary, Social Security, vacation sick lv, idays, meals, laundry. Call or write Robert Murphy, Administrator, Floyd Hospital, ne, Ga.

SISTANT DIRECTOR NURSING SERV-E: 65 bed JCAH Hospital. Desire mature rson with degree interested in settling in all college town. Start September 1, 1958. parate collegiate nursing program. Reply ministrator, Berea College Hospital, Inc., rea, Ky.

ST. HEAD NURSES: 3-11, $322 monthly, raise every six mos for 3 yrs, 4 wks vaion, 14 sick days, rooms. Hospital for ippled Children (and Adults), 89 Park e., Newark, N.J.

ST INSTRUCT. & HEAD NURSE: R.N. 250-5330. Goldwater Memorial Hospital, w York 17, N.Y. Tel. MU 8-3500.

SSOCIATE DIRECTOR NURSING EDUCA-ON: For a large state mental hospital to ect all nursing education programs includ- an affiliate school. Hospital is located adent to campus of a university, a dynamic ogram is being developed. Salary $5971-21. Excellent personnel policies. For further formation please write to the Michigan Civil rvice Commission, Lansing 13, Mich.

RECTOR OF NURSES: Protestant 40 bed ychiatric hosp. Good working, living conions and salary. Central Calif. nr Sierras. rite Administrator, Kings View Hospital, O. Box 631, Reedley, Calif.

ENERAL DUTY: 40 hr wk, 84 bed hospital, est equipment, very liberal personnel polies and pleasant working environment. Must willing to rotate shifts. Salary range $302 $411 monthly. Atomic Energy Project but t Civil Service. Write Director of Nurs- Service, Los Alamos Medical Center, s Alamos, N.M.

ENERAL DUTY NURSES: Modern 285 bed sp. 40 hr wk. Beginning salary $270 per mo., fferential of $25 for eves. and $20 for nights. elief furnished by 7-3:30 shift. Rotation of ifts preferred. OR differential of $15 per mo call. Annual review of salary. Write Dirctor of Nurses, Bishop Clarkson Memorial ospital, Omaha 5, Nebr.

ENERAL DUTY NURSES: 210 bed teaching spital 35 mi from NYC. $290 per mo, 40 hr k, $30 differential for eve duty, $20 for ghts, regular increments. Liberal sick lv, cation, 8 holidays, Social Security, laundering of uniforms, pleasant living facilities available. Director of Nursing, White Plains Hospital, White Plains, N.Y. WH 9-4500.

GENERAL DUTY NURSES: Immediate openings in OR, Obstetrical and Medical and Surgical Units. Rotating or permanent afternoon or night tours of duty. Bonus of $20 for OR, afternoon and night tours. New 196 bed hospital, 45 mins from NYC. Modern nurses residence. Apply Director of Nursing, Phelps Memorial Hospital, North Tarrytown, N.Y.

GENERAL DUTY NURSES: 120 bed hosp, southern Wyoming community of 12,000. Liberal personnel policies, 40 hr wk, starting salary $300 with a charge of $23 for full maintenance, additional $10 per mo for eve and night duty with regular increases. Surgical nurses starting salary $310 plus $5 per call after 5 pm. Write Director of Nurses, Memorial Hospital, Rock Springs, Wyo.

GENERAL DUTY NURSES: 50 bed hospital located in college town in mountainous portion of Colo. Salary $300 per mo. with periodic increases. Fringe benefits include meals, uniform laundry, sick lv and vacation. Contact Superintendent, Community Hospital, Alamosa, Colo.

GENERAL DUTY NURSES: 118 bed general hospital located in a beautiful residential section along the North Shore of Chicago. Starting salary $300 a month, bonus of $30 for evenings and $20 for nights. 40 hr. wk. Modern ranch style nurses' homes with attractively furnished private bedrooms. Contact Personnel Director, Highland Park Hospital Foundation, Highland Park, Ill.

GENERAL DUTY NURSES: 400 bed county hosp. located 2 hrs drive from San Francisco, ocean beaches and mountain resorts in modern and progressive city of 35,000. 40 hr 5 day wk, 3 wks pd vacation, 11 paid holidays, pd sick lv, retirement plan and Social Security. Accommodations in Nurses' Home, meals at reasonable rates, uniforms laundered without charge. Starting salary $304 per mo plus shift and service differentials. First increase in 6 mo. Must be eligible for Calif. registration. Write Director of Nursing, Stanislaus County Hospital, 830 Scenic Drive, Modesto, Calif.

GENERAL DUTY NURSES-ALL SERVICES: 440 bed general hospital. Salary range $135-150 bi-weekly. Bi-weekly deductions of $12 for room and $5 for one meal daily. Evening and night differential $12 bi-weekly. Operating room $10 each night "on call"—time made up. 40 hr wk, 8 holidays, 12 days sick lv cumulative to 36 days, annual increments, 4 wks vacation. Free laundry. Apply Director of Nursing, Muhlenberg Hospital, Plainfield, N.J.

GENERAL DUTY NURSES & OR NURSES: 3-11 p.m. gen. duty, hospital on San Francisco Bay. 5 day wk, salary $320 plus $15 added for 3-11 and $10 for OR duty. Maintenance available. Director of Nursing, Alameda Hospital, Alameda, Calif.

GENERAL DUTY STAFF NURSE: New and modernized 300 bed general hospital offers top salaries and opportunities to advance. Evenings $76.80-$89.60 per wk, nights $73.60-$86.10, days $64.00-$75.60. Openings in

Medical, Surgical, Obstetrics, Pediatrics, Operating Rooms and Emergency Room. 40 hr wk, merit increases, liberal policies. On Long Island Sound, 45 mins to N.Y.C. Modern nurses residence and school. Apply Director of Nursing, Stamford Hospital, Stamford, Conn.

GENERAL DUTY STAFF NURSES: Vacancies on all services due to completion on new wing in September which will increase bed capacity above 400. Private general hosp. with 150 student school of nursing (3 yr diploma course). University nearby for advanced study. 40 hr wk, excellent salary and liberal benefit program in outstanding midwestern institution. Centrally located in the city and convenient to residential and shopping facilities. Living accommodations adjacent to hosp. available at nominal rent. Contact Personnel Director, Milwaukee Hospital, 2200 West Kilbourn Ave., Milwaukee 3, Wisc.

GENERAL STAFF NURSES: 370 bed approved gen hosp, intern and resident program. $315 per mo starting salary, $15 per mo merit increases at 12, 24, 36 mos. 40 hr wk. 2 wks pd vacation, pd sick lv accumulative to 30 days, 7 pd holidays. Pleasant coast city in outstanding recreational area. Apply: Director of Personnel, Seaside Memorial Hospital, Long Beach 13, Calif.

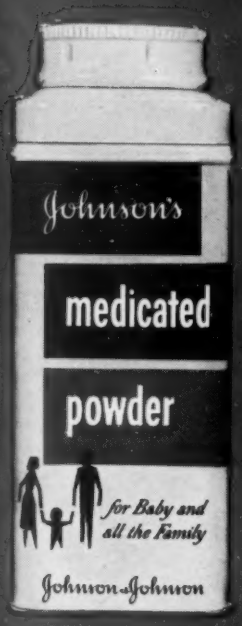
GENERAL STAFF NURSES: Because we are friendly people it is fun to work in the preferred department of a 200 bed JCAH general hospital enthralled in the extensive building program creating opportunity for advancement. Liberal personnel policies include 40 hr wk, retirement plan, Social Security, pd hospitalization insurance premiums, cumulative 30 day sick leave, 2 wks vaca 6 holidays, excellent meals at cost, cozy r at $20 per mo, in-staff educational prog Approximate initial salary eves $349, ni $343, days $325. Annual increase yearly proximates $215. High standard patient maintained by nurses permitted to use fessional preparations. Ideally located Detroit with convenient transportation make off duty hrs. interesting. For de write Director of Nursing. Wyandotte Gen Hospital, Wyandotte, Mich.

GRADUATE NURSES: For immediate o ings. Preferential assignments. Good star salaries based on experience and academic paration. Liberal differential for eves nights. Other excellent personnel poli Hospital located on a university campus viding the perfect opportunity to engage graduate and undergraduate studies at duced tuition rates. Apply to: Miss E. Cl Rothrock, Director of Nursing Service, H pital of the University of Pennsylvania, Ph delphia 4, Pa.

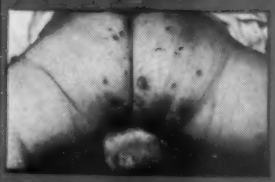
GRADUATE NURSES: Positions availa at 398 bed non-sectarian, acute, gene hosp. with fully accredited school of nursi Liberal personnel policies include tuit aid for study at Western Reserve Universi Current building prog. promises opportu ties for advancement in the coming Apartments available in the immediate nei borhood. Apply Director of Nursing, Mo Sinai Hospital, 1800 East 105th St., Cle land 6, Ohio

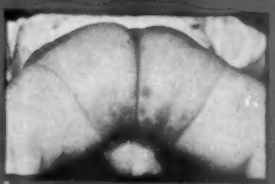
GRADUATE NURSES: General duty for lege infirmary (32 beds) in Hanover, N. Starting salary $280. Shift differential of

NOW... FOR PATIENTS OF ALL AGES



prevents and relieves skin discomforts—aids healing
superior antibacterial action*





Top: Patient R. R.—Severe "diaper rash" with secondary infection at start of treatment, 12/26/56.

Bottom: Eight days after treatment with JOHNSON'S MEDICATED POWDER, 1/3/57. Almost complete clearing of initial rash and of secondary infection.

clinically effective: routine use reduces substantially the incidence of common rashes of infants and young children. Particularly effective in both preventing and modifying the course of "diaper rash" of various etiologies.

twofold antibacterial action: the combination of hexachlorophene and para-chloro-meta-xylenol provides potent antibacterial effect—curbs primary infections, helps prevent secondary infections.

twofold anti-ammonia action: specific inhibition of urease plus antibacterial action against urease-producing bacteria check ammonia formation—prevent diaper rash and ammoniacal dermatitis.

twofold absorbent action: two moisture absorbants combat maceration, chafing, irritation—keep skin cool and dry.

JOHNSON'S MEDICATED POWDER provides unexcelled dry lubrication. Ideal for sensitive skin—completely safe for babies and children.

For free sample, write Johnson & Johnson, New Brunswick, N. J.

*CONTAINS HEXACHLOROPHENE 0.25 PER CENT AND PARA-CHLORO-META-XYLENOL 0.10 PER CENT

Johnson & Johnson
New Brunswick, New Jersey

for eves and $15 for nights. 40 hr wk, 10 mos., Sept. 1-July 1 including 3 wks vacation. Additional advantages: in progressive and interesting community offering recreational and cultural opportunities. Write to: Dartmouth College Health Service, Hanover, N. H.

GRADUATE NURSES: Positions for those who either have or are willing to obtain Colorado registry. Floor duty, rotating shifts, uniform laundry and meals furnished, 2 weeks paid vacation and 7 days sick leave per year. 35 bed hospital in a growing community. Southwest Memorial Hospital, Cortez, Colo.

GRADUATE NURSES: For general duty, 75 bed general hospital, new air-conditioned, with modern equipment. Beginning salary $275 a mo with differential for eve and night duty and operating room nursing. Good personnel policies, 5 day, 40 hr wk, vacation, pd sick lv, holiday time. Located in beautiful central Florida. Apply Director of Nurses, Seminole Memorial Hospital, Sanford, Fla.

GRADUATE NURSES: For 500 bed general hosp. Salary $4025 per yr or higher, based on qualifications. Work wk is normally 40 hrs, 5 days. 30 days vacation and 15 days sick lv earned per yr, retirement and Blue Cross plans. Located in Shreveport, near Barksdale Air Force Base. Write Chief, Nursing Service, Veterans Administration Center, Shreveport, La.

GRADUATE STAFF NURSES: Opportunities for men and women on all services including Psychiatry and Operating Room. Well planned orientation program, tuition free courses at University. Low cost housing in nurses' residence. Recreational and cultural opportunities. Salary range $325 to $360. 3 wks vacation, 6 pd holidays. Follow your impulse and write to: Director Nursing Service, University Hospitals of Cleveland, Cleveland 6, Ohio.

GRADUATE STAFF NURSES: Opportunities for nurses in 400 bed teaching hosp. $340-370 days, $370-400 eves and nights. Individual rooms in attractive residence at low rates. Convenient transportation. Write to: Director of Nursing Service, Dept. R.N., Mount Sinai Medical Center, 2750 W. 15th Place, Chicago 8, Ill.

HARRISBURG SCHOOL OF ANESTHESIA: There are still some openings for the fall class starting September 1, 1958. Applications must be submitted as soon as possible. Write to: Harrisburg Hospital School of Anesthesia, Front & Mulberry St., Harrisburg, Pa., for information.

HIGH CALIBER REGISTERED NURSES: We need good nurses interested both in latest scientific therapy and old-fashioned w care of patients with cancer and allied eases. Teaching and research center e valuable experience. Adequate staff of nurses maintained. University-affiliated service education, access all NYC educati programs. Good basic preparation requi learn specialty here where patients re active surgical-medical-radiation ther Not a chronic disease hospital. Teac college learn-earn plan available for st experience program on full salary. S nurses: day $300-340 mo., eve. $355- nite $344-384. 4 wks vacation, 1½ pay overtime, uniforms laundered, Blue Cross by center. Minimum rotation. Suture nur base salary plus ½ pay for on call. Hou agent helps you locate. Thelma Laird, R Director of Nursing, Memorial Center, 41 68 St., New York 21, N.Y.

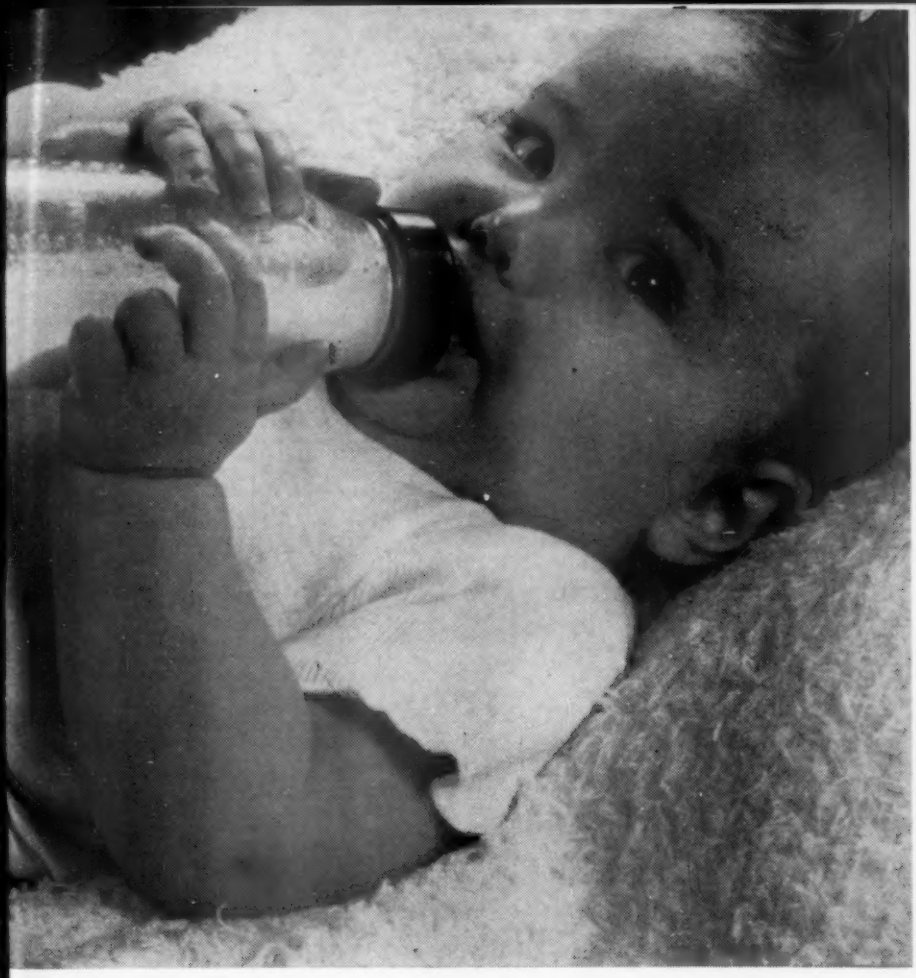
IN-SERVICE EDUCATION INSTRUCT SUPERVISOR: For nursing service sonnel. Assistant available. Degree and isfactory experience in teaching an supervision. Salary commensurate with cation and experience. 500 bed volun hosp. Liberal personnel policies. Direct tr portation to NYC in 35 mins. Write Director of Nursing, Newark Beth Is Hospital, Newark 12, N.J.

INSTRUCTOR IN FUNDAMENTALS NURSING: 528 bed hosp. in the Philadel area. Diploma program with 80 students. Degree and experience in teaching desir Liberal personnel policies. Democratic fac organization. Opportunity to pursue additio University work. Box CH-1 c/o R.N. Ma zine, Oradell, N. J.

INSTRUCTOR, PSYCHIATRIC NURSIN State hospital. Progressive affiliate and tendant programs. $4100-4800. All bene Research and educational opportuni Write: Alice M. Robinson, Vermont S Hospital, Waterbury, Vt.

INSTRUCTOR-TUBERCULOSIS NURSIN Classroom and clinical teaching, small gro of affiliating students. Other instructors employed. Emphasis on the individual long-term illness. Modern accredited tu culosis hospital with excellent facilities, personnel policies. Degree required, pre ably in Education. Some experience in tu culosis or long-term nursing desirable. tact Miss Margery Jarmon, Director of N ing Service, Emily P. Bissell Hospital, Newport Gap Pike, Wilmington, Del.

MEDICAL-SURGICAL CLINICAL INSTRUCTOR: 528 bed hosp. in the Philadel



Futurist

This young bundle of impulse is getting equipped to pull up stakes.
Not that he hasn't everything now,
but like every baby he's attuned to time yet to come.
His is the expectant view. He's on the lookout for the future perfect.
And getting there. He is an S-M-A baby.

Sound Infant Nutrition

This advertisement conforms to the Code for Advertising of the Physicians' Council for Information on Child Health.

Wyeth®
Philadelphia 1, Pa.

S-M-A®
FOOD FORMULA FOR INFANTS
Concentrated Liquid

area. Diploma program with 80 student sponsible for both formal and clinical tea B.S. Degree and experience in teachin sirable. Liberal personnel policies. Demo faculty organization. Opportunity to p additional University work. Box CH-3 R.N. Magazine, Oradell, N. J.

MEDICAL-SURGICAL SUPERVISOR: ministrative. 500 bed voluntary hos Degree and satisfactory experience req Salary dependent on education and exper Liberal personnel policies. Direct t portation to NYC in 35 mins. Write Director of Nursing, Newark Beth I Hospital, Newark 12, N.J.

NEW MEXICO: Needs Public Health Graduate Nurses. Excellent salaries. W Merit System, Box 939, Santa Fe, N. Me

NURSE ANESTHETIST: For modern bed fully approved gen. hosp. located i S. of Washington, D.C. Additional thetist needed to improve working condit Starting salary $475 per mo. Reply: ministrator, Mary Washington Hos Fredericksburg, Va.

NURSE ANESTHETIST: For 200 bed h tal. New hospital being contructed. Sa open. Apply Nathan I. Kantor, M.D., Anesthesia, Warren Hosp., Phillipsburg,

NURSE ANESTHETIST: 350 bed genera pital. Want to enlarge present staff o M.D. plus 6 anesthetists. Salary up to mo. 1 mo vacation per yr plus retirement sickness benefits. New air-conditioned op ing rooms. Apply Chief, Department of thesia, York Hospital, York, Pa.

NURSE SUPERVISOR: Needed at 6 gen. medical-surgical hosp. in Rocky Mt. Fine climate, fast growing community, starts at $350 per mo for 5 day wk. Auto periodic raises. Meals furnished while on Excellent new reasonable living facilitie single personnel. Box 43, RN magazine, dell, N. J.

NURSES: General duty, operating room ary $325 to $361 per mo plus departm nt mium of $10. Shift premium of $20 extra mo. Vacation up to 4 wks retirement pr-g Social Security, hospitalization insuranc hr wk. Apply Director of Nursing, Palo Hospital, Palo Alto, Calif.

NURSES: Registered, for modern psychi hospital in Greens Farms, Connecticut, from New York. Hall-Brooke nurses 8 hr duty, optional 5 or 6 day wk, n furnished private rooms, excellent sa 7 pd holidays annually, or equivalent, lv, vacation, minimum 2 wks, maximum dependent on length of service, profit-sha plan, psychiatric experience not neces Registered or eligible in State of Connect Apply Mary R. Walsh, R.N., Directres Nursing, Hall-Brooke, Box 31, Greens Fa Conn. Tel. Westport—Capital 7-5105.

NURSES: Registered, openings on all sh Salaries and other benefits comparable to hospitals. Write Director of Nurses, G Hospital, 2307 W. 14th St., Cleveland Ohio.

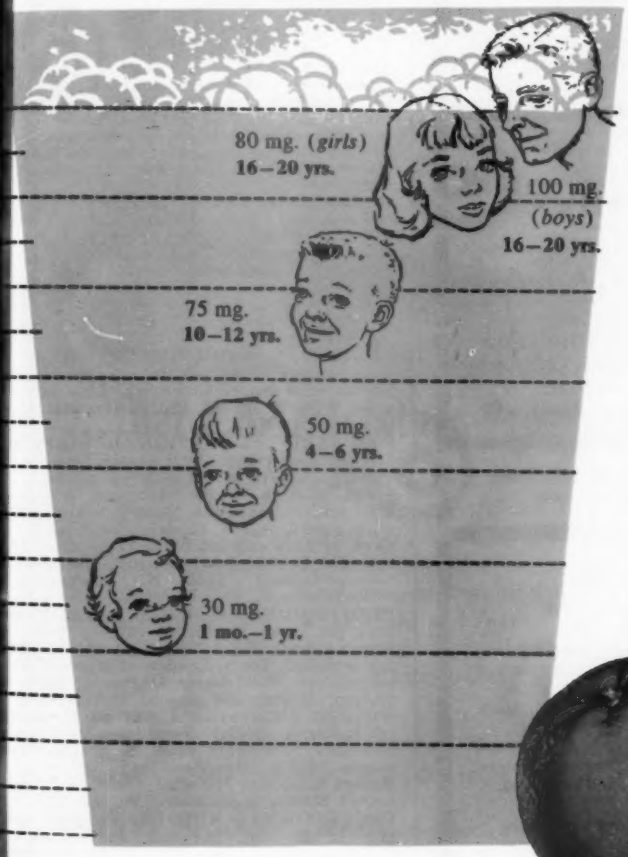
NURSES: General duty, 236 bed hosp 30 mi from NYC. Apartment-style reside Good salaries, free benefits and pension p Modern hospital. Write Director of N ing, Morristown Memorial Hospital, Mo town, N.J.

NURSES-GENERAL DUTY: Excellent ary, fringe benefits, small hospital res tial area. 35 mi from NYC. Apply Mr R. Gardner, Tuxedo Memorial Hospital, edo Park, N.Y.

for developmental years

orange juice

capably supplies recommended daily intakes of vitamin C*



*Nat. Res. Counc., Pub. 302, 1953.

FLORIDA *Citrus*

COMMISSION • LAKELAND, FLORIDA

ORANGES • GRAPEFRUIT • TANGERINES

NURSING SERVICE DIRECTOR: L
eastern metropolitan gen. hosp. with well
veloped teaching and research aspects.
panding new facilities. Challenging posi
in developing team nursing, special care a
and other new concepts. Associated diplo
school of nursing. Salary commensurate w
education and successful background exp
ence. Apply Box AEC-1 c/o R.N. Magazi
Oradell, N. J.

OPERATING ROOM NURSE DAYS A
P.M: 147 bed gen hosp located in beauti
residential suburb along the North Shore
Lake Michigan just north of Chicago. Mod
ranch style nurses homes with attractiv
furnished private bedrooms. 40 hr wk. Attr
tive salary. Other employee benefits. Cont
Personnel Director, Highland Park Hospi
Foundation, Highland Park, Ill.

OPERATING ROOM NURSES: 150
hosp., 40 hr wk. $310-350 starting sala
Liberal benefits. Write: Director of Nurs
St. Mary's Hospital, Reno, Nev.

OPERATING ROOM NURSES: 270 bed
proved gen. hosp. with an intern-resident p
gram. 7-theatre, 650 to 750 cases month
$330 or $340 per mo starting salary accord
to experience. $20 per mo merit increases
12, 24 and 36 mos. 40 hr wk, 2 wks pd va
tion, pd sick lv, 7 pd holidays. Resort locat
in California's finest recreational area. Ap
to: Director of Personnel, Seaside Memor
Hospital, 1401 Chestnut Ave., Long Beach
Calif.

OPERATING ROOM SUPERVISOR:
bed voluntary hosp. Degree and/or satisf
tory experience. Active program-clinical
structor employed for teaching stude
Salary commensurate with qualificati
Liberal personnel policies. Direct transpo
tion to NYC in 35 mins. Write to: Dire
of Nursing, Newark Beth Israel Hospi
Newark 12, N.J.

OPERATING ROOM SUPERVISOR, R
Small gen hosp, 60 bed, downtown area. G
personnel policies, 40 hr wk. Live in if
sired. Superintendent, Child's Hospital, 41
St., Albany, N. Y.

PEDIATRIC EDUCATIONAL DIRECT
100 bed pediatric medical center, Temple U
versity connection. Affiliating student p
gram. Masters Degree preferred, will acc
B.S. with experience. Salary commensur
with qualifications, 30 days vacation, 7 h
days, 14 days sick lv. Write Director of Nu
ing, St. Christopher's Hospital for Child
(non-sectarian), 2600 N. Lawrence
Philadelphia 33, Pa.

PROFESSIONAL NURSES: Immediate op
ings for Head Nurses at rate of $6420
annum. Ass't Head Nurses at rate of $
per annum. Team Leader at rate of $4
per annum. Staff nurse at rate of $4440
annum. Guaranteed annual increases. 40
wk, shift differential. 4 wks pd vacation
pd holidays. Social Security plus non-c
tributory retirement plan. Sick lv plus
ployee health plan. Send card or letter
Miners Memorial Hospital Ass'n, Box 61,
Logan Street, Williamson, W. Va.

PROFESSIONAL NURSES: Positions av
able in Medical, Surgical, Psychiatric
Tuberculosis Services at 1238 bed VA Hos
tal in NYC. Salary and grade according
newly revised qualifications: Junior Gr
$4425, Associate Grade $5205, Full Gr
$5985 with annual increases. Liberal perso
policies, 30 days annual leave, 15 days sick
8 holidays and retirement plan. Full U

...that Z.B.T. Moisture-Proofs Baby's Skin

Yes, because Z.B.T. Baby Powder with Olive Oil actually sheds moisture, it moisture-proofs baby's skin against irritating acid-moisture of wet diapers and perspiration. Soothes like powder, protects like oil. Guards against painful chafing, prickly heat, urine scald and diaper rash. Keeps skin dry and comfortable. Use Z.B.T. Baby Powder after bathing, at every diaper change.

NATIONAL BRANDS Division of Sterling Drug Inc., 1450 Broadway, New York 18, N.Y.

Note: Z.B.T. does not contain zinc stearate or boric acid.

Z.B.T. BABY POWDER WITH OLIVE OIL HAS BEEN USED IN OVER 1700 HOSPITALS

Citizenship required. Apply: Chief, Nursing Service, Veterans Administration Hospital, First Ave. at East 24th St., New York 10, N.Y.

PROFESSIONAL NURSES: Base salary $335 a mo. Higher salaries based upon experience and education. 40 hr work wk normally, 30 days vacation, 15 days sick lv, 8 holidays, uniform allowance. Write Chief, Nursing Service, Veterans Administration Hospital, Ann Arbor, Mich.

PROFESSIONAL NURSES FOR CALIFORNIA: Streamlined procedure for immediate appointment at Veterans' Home and State Hospitals. No experience needed to start at $358, raise to $376 after 6 mos. Nurses with 1 yr of psychiatric experience start in mental hosps at $376, raise to $395 after 6 mos, opportunities for promotion in mental hospitals up to $710. In-service training in psychiatric field. Require Calif. license. Write for details, State Personnel Board, 801 Capitol Ave., Box 133, Sacramento, Calif.

R.N.: For women's dormitory infirmary, small college. Live in. New buildings. Easter, Christmas and summer vacation. Personal interview required. Box 150, Albion, Mich.

REGISTERED NURSE: Intravenous Therapy and Blood Bank. 210 bed teaching hosp, 35 mi from NYC. $290 per mo, 40 hr wk, regular increments. Good personnel policies, living facilities available if needed. Experience not required. Call or write Director of Nurses, White Plains Hospital, White Plains, N. Y. WH 9-4500.

REGISTERED NURSES: Would you enjoy a unique employment opportunity with a midwest pharmaceutical company to provide advisory service to hospital nursing staffs in broad geographical areas surrounding [illegible] York, Chicago or San Francisco? You o[illegible] to yourself to take a few seconds to an[illegible] these questions: 1. Do you have a B.S. D[illegible] in Nursing? 2. Do you have 5 to 10 [illegible] maternity ward experience with several [illegible] in the formula room or nursery? 3. Do [illegible] enjoy traveling? 4. Do you enjoy P[illegible] Relations-type work at medical meeti[illegible] 5. Do you enjoy "being your own boss" [illegible] you have five "Yes" answers and are u[illegible] 35, indicate your preferred location—[illegible] York City, Chicago, or San Francisc[illegible] starting salary in excess of $5800 plus [illegible] penses and a broad fringe benefit prog[illegible] Send a resume of your work experienc[illegible] Box MJ-7 c/o R.N. Magazine, Oradell, N.[illegible]

REGISTERED NURSES: Starting [illegible] R.N.'s $3960 per annum increased to $432[illegible] of 3 yrs, increased to $4800 end of 8 yrs. [illegible] plete fringe benefits. Contact Supt. of Nu[illegible] Washoe Medical Center, Reno, Nev.

REGISTERED NURSES: Staff vacancie[illegible] Medical-Surgical floor, O.B., Op. Rm, [illegible] T.B. Sanitorium (adults and children). 4[illegible] wk, no shift rotation, excellent job ben[illegible] Salary days $285-315, E&N $295-325, [illegible] $300-330. Room and board available [illegible] $43 mo. Your transportation paid (via [illegible] class air) to Albuquerque and return in[illegible] change for 1 yr employment contract. [illegible] in the sunny year-around climate of [illegible] historical Southwest. Call collect or w[illegible] to Mrs. Margaret Nelson, Director of N[illegible] ing, Presbyterian Hospital Center, A[illegible] querque, N. Mex., Phone 3-5611.

REGISTERED NURSES: For air conditi[illegible]

...sp. expanding to 200 beds. Organized ...l staff, pleasant working conditions. ...nable accommodations in nurses resi... Starting salary $277 per mo, 4 wks an...acation with sick lv and holidays. Apply ...or of Nurses, John D. Archbold Mem... Hospital, Thomasville, Ga.

...STERED NURSES: New $13,000,000 ... Salary $3700 per yr, $308 mo., additional ...ses $100 a yr. for 5 yrs, dinner and ...y without cost, 40 hr wk, liberal va...s, 15 days sick time cumulative and 12 ...ys. Inquire Director of Nursing, Mart... Medical Center, Newark 7, N.J.

...STERED NURSES: If you are thinking ...king a change consider the opportuni... Cuyahoga County Hospital in Metro... Cleveland. Your starting salary as a ...nurse is $3744 and in 36 mos you will ...rning $4170. You will also enjoy a pd ...on, holidays, sick time and a generous ...ential for eve and night assignment. ...u prefer to continue your education, ...ition to a college of your choice is ...ble. The hospital is conveniently located ...veral colleges and universities. All of ...dvantages that a large hospital has to ...are at your fingertips, retirement bene... wide variety of clinical fields from which ...oose, a planned orientation and in-service ...am, opportunity for promotion and ...rtable low-cost housing. Write to Di... of Nursing, 3395 Scranton Road, ...land 9, Ohio

...STERED PROFESSIONAL NURSES: ...is your opportunity to re-locate in South... California. Choice positions open now in ...rn new 100 bed general hospital. Base salary $315, $20 differential for afternoons and nights, $10 for special services. Yearly raises. Time and one-half over 40 hrs, pd vacations, holidays, sick lv, hospital insurance. Apply to Director of Nurses, Rio Hondo Memorial Hospital, 8300 Telegraph Road, Downey, Calif.

REGISTERED PROFESSIONAL NURSES: For supervisory, teaching and general staff positions. Salary commensurate with education and experience. Base salary starts at $347 per mo with $30 monthly p.m. and night differential plus $2 bonus for Saturdays, Sundays and holidays worked. Unused sick lv. reimbursed. Other benefits. Progressive personnel policies. 250 bed JCAH approved teaching hosp. on Northside Chicago near educational, cultural and recreational activities. 20 mins. from Chicago Loop. Reasonable, good living accommodations nr hosp. Write to Director of Nursing, Ravenswood Hospital, Wilson Ave. at Winchester, Chicago 40, Ill.

REGISTERED PROFESSIONAL NURSES: For supervisory, educational and general staff positions. Liberal personnel policies. 40 hr wk, differential for eve, nights and OR. Social Security. Christ Hospital, 176 Palisade Ave., Jersey City, N.J.

REGISTERED STAFF NURSES: Immediate openings. Start $337 per mo, differential pay, 5 day wk, 11 pd holidays, sick lv, group insurance, good working conditions, lge gen hosp. Contact Personnel Director, 732 E. Main St., Stockton 2, Calif.

REHABILITATION NURSING AT CHILDREN'S CENTER: Opening for R.N. interested in rehabilitation. Experience not necessary. Top salaries, liberal policies. Crotched

Mountain Rehabilitation Center, Greenfield, N.H.

SCHOOL OF ANESTHESIA: Approved by the AANA. Open to registered nurses of accredited schools of nursing. Applications being received for August and February classes. For complete information and application blanks write to Everard R. Hicks, Director of The School of Anesthesia, The McLeod Infirmary, Florence, S.C.

STAFF NURSE: Positions open, good personnel policies, salary starts at $330 per mo, teaching hospital, university town. Please write to: Director of Nursing, University Hospital, Ann Arbor, Mich. for further information.

STAFF NURSES: 425 bed modern hosp. in central Florida city, near Gulf Beaches. Starting salary $245 for days, $260 eves. and nights. Good personnel policies, annual increases, 8 pd holidays, sick lv and vacation. Apply Director of Nurses, Mound Park Hospital, St. Petersburg, Fla.

STAFF NURSES: 365 bed hospital, starting salary $325 mo. for days, $390 mo for eves. and nights, 12 sick days, 6 holidays, 2 wks vacation per yr, 3 wks vacation after 5 yrs. Increments every 6 mos. No housing on hospital premises but available in the neighborhood. Apply Associate Director, Nursing Service, St. Anne's Hospital, 4950 West Thomas St., Chicago 51, Ill.

STAFF NURSES: Modern 245 bed gen hosp midway between Denver and Yellowstone Park. Minimum salary $285, experienced nurses considered for merit increase after 3 mos employment, maximum salary $325, 40 hr wk, 6 pd holidays, 2 wks vacation, 12 days sick lv,

cumulative to 60 days. Uniform laundry
out charge. Rooms available at $30 per
See June '56 issue Modern Hospital for
mation about hosp. Write Director Nu
Service, Memorial Hospital, Casper, W

STAFF NURSES: 225 bed Southern Calif
hospital on ocean front. Attractive pers
policies. Salary for California regis
nurses starts at $300. Increases on
Apply to Director of Nursing, Santa Ba
Cottage Hospital, Santa Barbara, Calif.

STAFF NURSING: Immediate opening
Staff Nurses, good salary, Social Secu
vacation, sick leave, 40 hr wk, 2 meals,
dry, college town. Call or write Mrs. Ed
McKnight, Director of Nurses, Floyd
tal, Rome, Ga.

**STUDENT COUNSELOR & INSTRUC
IN SOCIAL SCIENCES:** Vacancy in
modern school of nursing. Advanced d
required in counselling and guidance. E
ence in education or nursing organiz
very desirable. Salary commensurate wit
ucation and experience. Apply Box AEC-
R.N. Magazine, Oradell, N. J.

SUPERVISOR-INSTRUCTOR: JCAH ac
ited 210 bed gen hosp, NLN temporarily
credited school of Nursing, has opening
supervisor-instructor in Obstetrics, 31
dept. averaging 100 deliveries per mo. Re
sible for formal instruction, supervisio
students' clinical experience and nursing
ice supervision. Academic preparation
experience req'd. Good personnel pol
Apply Director of Nursing, White Plains
pital, White Plains, N. Y. WH 9-4500.

SUPERVISORS: Excellent opportunity a
and night supervisors for the right
male or female, who would like to loca
smaller community (approximately 1
in western Nebraska. New, exceptio
well equipped and staffed 60 bed gen
soon to add 60 bed geriatric and nu
home addition. Ability to get along well
co-workers very important. This coul
an exceptionally fine opportunity for
fied male RN's. Contact Leo P. Bolin,
ministrator, Cheyenne County Me
Hospital, Sidney, Nebr.

**SUPERVISORY, OR & GENERAL D
NURSES:** Positions in gen hosp, subur
Washington, D.C. New air-conditioned
piped-in oxygen, nurse-patient intercom
hr wk, merit increases. Nearby univers
for continued education. Director of Nur
Suburban Hospital, Bethesda, Md.

SURGERY SUPERVISOR: Qualified t
sume administrative duties in large OR
located in new 4 story surgical wing. Li
salary and personnel policies. Write or
Assistant Administrator, Personnel Dept.
Jose Hospital, San Jose, Calif. 50 mi from
Francisco in sunny Santa Clara Valley.

**SURGICAL REGISTERED NURSES-ST
REGISTERED NURSES:** 240 bed gen.
40 hr wk, 15 working days, pd vacation,
holidays, sick lv. Surgery starting base
$338. Stand by & call back time extra.
R.N. starting pay $332 mo. Regular pa
creases. P.M. & night differential $10.
General Hospital, P.O. Box 210, Wood
Calif.

SUTURE NURSES: Work with top n
and surgeons. Opportunity experience
radical procedures. 5 day wk schedule. T
ers College learn-earn plan now open t
erating room nurses combines study wit
perience at full salary. Good basic prepar
needed, learn specialty here. $300-340 mo.

½ pay for on-call hours. 4 wks vacation, other benefits. See our ad High Caliber Registered Nurses. Thelma Laird, R.N., Director of Nursing, Memorial Center, 444 E. 68th St., New York 21, N.Y.

VETERANS ADMINISTRATION CENTER: Dayton, Ohio, and 820 bed hospital affiliated with Ohio State University offers opportunities for professional nurses in medical, surgical, geriatric and tuberculosis nursing. Monthly salary: $370 to $795. Facilities for educational advancement at University of Dayton and Miami University. In-service education program, annual salary increases, 30 days vacation, 15 days sick lv, 8 holidays, retirement plan, living quarters available. Full U.S. Citizenship required. Write: Chief, Nursing Service, Administration Center, Dayton, Ohio

Additional Listings

Space permits listing the following advertisements in this issue, although they were received after closing date.

ADMINISTRATORS: (a) To reorganize small gen hsp, resort area, Wis. $6600. (b) Gen 50 bed hsp, Mo. Ozarks. RN8-1 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill. **ANESTHETISTS:** (a) Two, 260 bed gen hsp, twn of 60,000, New Eng. 2 hrs drive NYC. $525. (b) Small gen hsp, Hawaii, $450-500. (c) Gen. 125 bed hsp, now 2 anes, req. 3, min. $500, wealthy suburb, Chicago, RN8-2 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill. **DIRECTOR OF NURSES:** (a) Dir., schl, nursing, colleg. prog. univ twn, To $10,000. (b) Assoc, Dir, 800 bed hsp, lg city, MW. (c) Asst. Dir. 450 hsp, outside US, attractive offer. (d) nursing serv. 350 bed gen hsp, West. 3 Burneice Larson, Medical Bureau, 90 Michigan Ave., Chicago, Ill. **FACULTY:** Instr. PH nursg, 4 yr prog. coll. Nation's capital. (b) Instr. psych. liberal arts coll, upper NY State. (c) dir. 325 bed hsp, Calif. $6000-7200. Instr. med., surg., ped., ob., new 800 hsp, important med cen., MW. $5000- (e) Instr. nursg. arts, 80 students, educ. unit, 240 bed hsp, mountain area, S. RN8-4 Burneice Larson, Me Bureau, 900 N. Michigan Ave., Chicago, **PUBLIC HEALTH:** (a) PH nurses, system, MW city nr metropolis, to $7200. Chief, PH nursg. serv., comb. county-v agcy, West. To $275 mo. RN8-5 Bur Larson, Medical Bureau, 900 N. Mich Ave., Chicago, Ill. **RESEARCH-PRO TION:** (a) One of major pharm compa MW, product promotion, BS, maternity exper. openings E, MW, W. (b) Full-time search in foods-nutrition. Ph.D. chemistr nutrition, S. (c) Consultant, liaison hosps, prof. organ. indus. firm, E. To $ RN 8-6 Burneice Larson, Medical Bur 900N. Michigan Ave., Chicago, Ill. **SCHO** (a) Head schl nurse, coll for women, Logn vac, apt. available, $4200. (b) boarding schl, E. nr famous univ. city. 8-7 Burneice Larson, Medical Bureau, N. Michigan Ave., Chicago, Ill. **STAFF:** gen. surg, ob, fully appvd, 130 bed hs

if. base $365 mo, 1 way transportation, after 1 yr. RN8-8 Burneice Larson, 900 Michigan Ave., Chicago, Ill. **SUPERVISS:** (a) Superv. and teach nursg. personnel, 60 bed pt. unit, clinic and hosp. service us. grp, S. $535. (b) Op. rm, 500 bed hsp, Calif. $450-500, RN8-9 Burneice rson, Medical Bureau, 900 N. Michigan e., Chicago, Ill.

MINISTRATIVE SUPERVISORS: (2) n or women, for nursing service, 400 bed eral hospital, JCAH accredited. Starting ary $415 monthly, 40 hr wk, reasonably ed single room accommodations available. ply Director of Nursing, Mount Sinai Hosal, Chicago 8, Ill.

ESTHESIA COURSE: Norfolk General spital offers to graduates of accredited ools of nursing a 15 mo. comprehensive rse in Anesthesia approved by AANA. proved for training under the G.I. Bill. e maintenance plus liberal stipend granted er 3 mos. Write to: Director, School of esthesia, Norfolk, Va.

STRUCTIONS: Men or women, for medical d surgical, psychiatric and premature nurs- (immediately). School of Nursing aver- s 100 students, full NLN accreditation. e class enters yearly, starting salary ranges m $390 to $420 monthly. 40 hr wk. Apply rector of Nursing, Mount Sinai Hospital, icago 8, Ill.

URSES: Two, Pennsylvania registered, allcross residential public school, Philadelia. 90 boys, ages 8 to 14, 40 girls ages 10 to . Beginning salary $340 with complete aintenance. Apply to Mrs. Sara R. Reeder, hool Nurse Service, Division of Medical Services, School District of Philadelphia, Parkway at 21st St., Philadelphia 3, Pa.

PUBLIC HEALTH NURSES OR GRADUATE RN'S: Interested in generalized public health nursing program in rural area. Very liberal personnel policies. 8c mi. travel allowance. Salaries based on qualifications and experience. Will consider nurse with children. Write Director, Northeast Colorado Health Dept., 700 Columbine, Sterling, Colo.

SUPERVISOR OF NURSES: For county-district public health dept. of 43,000 population. Primarily rural community, farming and logging. Well-established dept., excellent quarters, staff of 6 nurses and growing. Good working relationship, staff and community. 40 hr 5 day wk, 11 pd holidays, 12 working days vacation. Beginning salary $5160. Lewis County Health District, Court House Annex, Chehalis. Wash.

SUPERVISOR OF OBSTETRIC NURSING SERVICE: 40 bed modern obstetric unit. Hospital JCAH accredited, post-graduate study in clinical specialty required. Liberal personnel policies, single rooms in attractive residence at low rates, convenient transporation to Chicago Loop. Write to: Director of Nursing, Mount Sinai Hospital, 2730 West 15th Place, Chicago 8, Ill.

Rates for POSITIONS AVAILABLE advertisements are as follows: $9.00 minimum charge for three lines (approximately 20 words). $2.50 for each additional line (6-7 words). Closing date is the first of month preceding date of publication.

WHERE TO FIND OUR ADVERTISERS

MISS PHOEBE

NO. 21 IN A SE

"I've seen better rockets, but get a load of that Everest & Jennings chair . . . it's out of this moon!"

Detachable-desk-arm model permits easier entry and exit, normal access to desk and table

Patients *like* to get out and discover new worlds in lightweight, easy-to-maneuver E&J chairs. As rugged as they are handsome, E&J chairs give many *extra* years of service with little or no maintenance. Finger-tip folding and perfect balance mean easy handling, too.

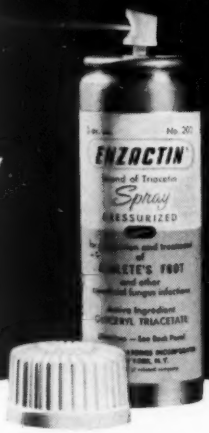
There's a helpful authorized dealer near you

EVEREST & JENNINGS, INC LOS ANGELES 25

NEW spray and powder form "ENZACTIN"®

Brand of Triacetin

for athlete's foot



Self-controlled enzyme action insures effective antifungal therapy without irritation

Just as a thermostat regulates the release of heat, so does the chemostat action of "Enzactin" regulate the release of free fatty acid from the "Enzactin" reservoir. At the pH of the infected skin the enzyme esterase acts on "Enzactin" releasing antifungal, free fatty acid, which then lowers the pH and esterase activity decreases. As the antifungal fatty acid in the tissues diffuses or becomes neutralized the pH rises and esterase activity is again increased to release more fatty acid.

The chemostat action of "Enzactin" maintains therapeutic levels of free fatty acid at the site of the infection, yet always in amounts below those causing skin irritation.

"Enzactin" is effective in the treatment of Athlete's Foot, Ringworm of the Scalp, and other superficial Fungus Infections.

nonirritating · nonsensitizing · odorless · stainless

NEW "ENZACTIN" SPRAY – Pressurized for easy application – 3 av. oz. container

NEW "ENZACTIN" POWDER PACK – Moisture-absorbent for prophylaxis and treatment – 1½ oz. puffer package

ALSO "ENZACTIN" CREAM – When prolonged contact is desired – 1 oz. tube

Ayerst

AYERST LABORATORIES

New York 16, New York · Montreal, Canada

LICENSED BY WISCONSIN ALUMNI RESEARCH FOUNDATION

5852

Patent Applications Pending

you both feel better because

BUFFERIN®

acts twice as fast as aspirin

BUFFERIN helps your patients over the minor pain hurdles of convalescence, just as it helps to keep you going on tough days. For headache, dysmenorrhea, muscle soreness, BUFFERIN gives prompt relief because it acts *fast* and without gastric upset.

Each BUFFERIN tablet contains 5 gr. of acetylsalicylic acid plus the antacids aluminum glycinate and magnesium carbonate. BUFFERIN *contains no sodium*—is especially suitable for those on salt-free diets.

ANOTHER FINE PRODUCT OF BRISTOL-MYERS